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Health and Welfare Services



CORNWALL
1966

CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1966

BINYSH, M.D., B.S., D.P.H., D.T.M. & H., Barrister at Law

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HEALTH COMMITTEE

(as constituted at 31st December, 1966)

Chairman:

W. E. MILLER, M.B.E.

Vice-Chairman:

W. J. T. PETERS

Members:

H.L. BANBURY	D.B.E. HOCKING
Major S.E. BOLITHO, M.C.	H.A. JANE
S. J. L. CHUBB	E.G. LILLEY
Dr. D.G.W. CLYNE	J.C. PENBERTHY
Mrs. K. DALE	D.L.C. ROBERTS
T.B. EDDY	R.F. SMITH
A.G.F. FARQUHAR, O.B.E.	J.M. TAMBLYN
F.G. FORD	Mrs. E.V. TOWNSEND
Mrs. L. GARSTIN	Mrs. D.E. TREFFRY
W.F. GLUYAS	Mrs. M.B. WILLIAMS, O.B.E.
F.L. HARRIS, O.B.E.	P.M. WILLIAMS, O.B.E.
J.H. HAWKEN	Mrs. D.M. WILLS
H.W. HICKS	P.G. LOBB

Representatives of Area Sub-Committees:

Area I J.G. CORIN	Area IV H.A. HAWKEN
Area II W. HART	Area V T.G. BRAMLEY
Area III A.G. ROBERTS	Area VI Mrs. J.B. WHITEHOUSE
Area VII Mrs. M.E.S. COUCH	

Co-opted Members:

Dr. D. HOOKER	...	British Red Cross Society
Dr. W.L. STEWART	...	St. John Ambulance Brigade
Dr. E. TOWNSEND	...	Local Medical Committee

Ex Officio:

The Chairman of the County Council.
The Vice-Chairman of the County Council.
The Chairman of the Finance Committee.

The work of the Health Committee is largely done through the following Sub-Committees:-

Ambulance Sub-Committee

Finance and General Sub-Committee

Maternity and Child Welfare Sub-Committee

Mental Health Sub-Committee

Welfare Homes Sub-Committee

Welfare General Sub-Committee

and

7 Health Area Sub-Committees

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the County of Cornwall in 1966.

This has once again been a year of continuing developments in the Health and Welfare services of Cornwall. One noteworthy development has been the move to the new County Hall; this has been mentioned in my report on the School Health Services but it is nevertheless true that the value of the closer integration which has been made possible by this new accommodation can scarcely be overestimated. This closer working has made it immediately possible to amalgamate the work of the Maternity and Child Welfare and School Health sections into a new Maternal and Child Health Section. It is now possible for members of the Health and Welfare staff to meet frequently and informally as members of one organisation and so promote a degree of liaison that was not possible when the department was housed in 5 geographically separated premises.

There have been relatively few changes of staff, but one notable newcomer has been that of Dr. C. W. J. Hingston who has taken up the post of Health Area Medical Officer at Truro and so relieved Dr. T. D. Lewis of this temporary additional duty. One of the County's Health Visitors, Miss M. A. Storah, has been seconded to a nine-month's Health Education course at the University of London. On completion of this training, Miss Storah will be taken on the County's Headquarter staff as the first full-time Health Education Officer for Cornwall. This does not imply that health education has not previously been done in Cornwall, this is far from the case, for indeed it will be seen in the report on the work of the Health Visitors that they gave many talks, in addition to those given by the School Doctors and the work of many others of the County staff. However, this new appointment should act as a focus for health education activities which become every day more important with problems of modern living. There is considerable demand in the County for informed comment and much good can come from discussion of health topics among interested groups. Miss Storah will be able to assist the medical and nursing staff with modern aids and techniques.

Another first this year is the agreement to provide a Health Centre at Helston. With the rapid growth in population of the town a

new Clinic had become an urgent necessity. At a late stage, a group of local practitioners asked for an additional wing to be provided for their use and at the time of writing this is under construction. In my report last year I made reference to the need for a critical review of the National Health Service. This has not yet come about but the "Doctors' Charter" negotiated between the British Medical Association and the Ministry of Health has removed the financial barrier which previously had hampered the health centre concept. Helston seems likely to be the first of many new Health Centres which are expected to bring about greatly improved liaison between the General Practitioner service and the County's Health services. Some tasks at present being undertaken by the County's medical officers could equally well be done by family doctors and developments of this kind could make time available for the County's medical staff to undertake specialist follow-up examinations of children who are thought to be potentially or actually handicapped.

Liaison schemes between general practitioners and nurses are steadily being expanded. While Health Centres can improve co-ordination by bringing together nurses and family doctors, the alternative of nurse attachment is steadily growing in areas where it has been requested by the Doctors. Results in general have shown that the system of working in which nurses are "attached" to a general practitioner and deal with the patients of the practice rather than in a geographical area has been successful in ensuring that patients receive all help possible at the earliest date.

A problem of the Nursing Service, as mentioned in previous years, remains that of communication. While it is still not possible for all the County's nurses to be put on a radio-telephone network, consideration is being given to limited schemes whereby certain of the nurses will be able to keep in touch by radio-telephone with the local family doctors with whom they work.

The "vital statistics" for the year, the figures that are used to attempt to give some measure of the health of the County, do not tell of any dramatic changes for the death rate remained constant, and there was a slight falling-off in the birth rate. However a most encouraging figure is a substantial fall again in the death of infants under the age of 1 year to 14.30 per 1,000 live births, this is a new record for Cornwall and compares well with the national figure. Unhappily, the number of still-births has risen this year and one can only hope that the improved facilities which should become available

at the Royal Cornwall Hospital (Treliske), Truro in 1968 will help to reverse the trend.

Once again, an encouraging figure is that relating to new cases of tuberculosis. A graph has been included in the report showing the steady fall in incidence of this condition, but also shows an increase in the number of new cases of tuberculosis among those aged over ⁶⁵75, so that the need for vigilance and vaccination against tuberculosis with the B.C.G. vaccine for adolescents and contacts remains unaltered.

The Ambulance Service once again has increased its service to the public so that 1,700 more patients were carried than in the previous year. Almost every year this tale is repeated and it seems likely that this trend will continue, particularly in view of the limited and shrinking public transport services of the more rural parts of the County. Tribute must be paid to the work of the Ambulance Controllers who have once again reduced the average miles run per patient by the more efficient use of the dual purpose vehicles. Ambulance Liaison Committees are now in operation at both Truro and Plymouth and these regular meetings with the hospital authority are undoubtedly helping to improve the efficiency of the service, by reducing waiting time and preventing the possibility of complaints.

There was a new feature this year in the Home Help service with the introduction of the Neighbourly Help scheme. This encourages neighbours in return for a small flat rate payment to "keep an eye on" infirm neighbours. The Neighbourly Helps are asked to see that the old people are dressed in the mornings, that they have regular meals, that their houses are warm and that they are safely tucked in bed at night. This type of service is not possible with a formal fixed hours scheme of Home Help and by the end of the year 10 old persons were benefitting. In addition over 1,100 old persons were being helped by the Home Help Service, a small increase on 1965. The limitations on the service was largely because of the difficulty of recruiting suitable helps in many parts of the County. Recent changes in the economic climate have altered the position and substantially more helps have been recruited in recent months. Thanks are also due to the "Good Neighbour" scheme organised by the W.R.V.S. on behalf of the Ministry of Social Security which provides aid for old people where the need is for less than 8 hours assistance per week. There can be little doubt, however, that, as has been shown by social surveys, the potential need for the Home Help and allied services is very substantial and that continued expansion is likely for many years before all the needs of the aged are met.

No new accommodation was provided in 1966 by the Mental Health service but a start was made to provide a family counselling service for those with young mentally handicapped children. These families were offered a visit in their own homes from an experienced teacher of the mentally handicapped once the diagnosis was certain. Several serious and urgent social problems have been brought to notice as a result of these visits and all possible measures taken to assist the families.

This year's report contains a review of the growth of the Family Welfare service. The Family Welfare Workers now supervise 130 families with serious and continuing social problems. The work of these ladies is usually arduous, often in difficult circumstances and the results are not always immediately apparent, but nevertheless, by helping to prevent eviction from homes and preventing the break-up of families the long-term benefit of this service is invaluable. The residential services for the elderly have run smoothly during the year and the purpose-built homes have been the subject of much favourable comment but the waiting list for residential care continues to grow. It will take several years before the demand can be satisfied; in the meantime the sheltered housing being provided by the District Councils is providing a most valuable alternative for those aged persons who are able, albeit with some help, to maintain an independent home. The County Council makes grants to District Councils who provide a bell and warden system in the flats, or housing schemes for the elderly, and in the year the total number of bungalows provided passed the 1,000 mark. The Committee has in addition recently agreed that these facilities should be available to seriously handicapped persons who require supervision and assistance.

Mention is made in the report of the follow-up testing of herds which resulted from the discovery of 8 human cases of Brucellosis, which showed that one cow in ten of the suspected herds were passing live brucella germs into the milk. The condition remains an uncommon one, in spite of the high proportion of milk which is "at risk". However, most of the milk on sale has been pasteurised which renders it safe for human consumption. The tests for keeping quality also showed the great advantage of pasteurised over raw milk in this respect. These facts emphasise once again the need for frequent and regular sampling of herds from which untreated milk is sold. There is substantial hazard to farm workers and veterinary surgeons who come into close contact with infected cattle so that the recently announced attested herds scheme of the Ministry of Agriculture, Fisheries and Food is a

very welcome first step towards the eradication of this condition. While there is already good liaison between the staff of the Ministry and the Cornwall County Council, this could be improved when Ministry regulations allow additional exchange of information regarding test results.

This was the first full year of the cervical cytology scheme and the response can only be described as somewhat disappointing. Initially, there were limitations on testing from lack of laboratory staff but when these were trained the demand was considerably less than had been anticipated. With so much peace of mind to be gained from this simple, free and painless test, it is surprising that more women have not availed themselves of it. Continued efforts are being made to publicise the service, but I would urge that all women over 35 who have not had the test within the past five years should avail themselves of this scheme.

Life is a process of change, adaptation and evolution, a fact of which the Health and Welfare Department is very much aware, with prospects of change on every side. There has recently been a plethora of reports affecting Local Government and the Health Services, and more are expected shortly. While no-one can forecast the eventual pattern of administration of Local Government the staff of the Health and Welfare Department will continue to give of their best to serve the people of Cornwall,

Once again, it is my pleasure to record with gratitude the great assistance given to the Department by the Chairman and Members of the Committee who have pursued with enthusiasm every suggestion to improve the Health Services of the County.

The Report would be incomplete without my sincere tribute to the conscientious and diligent work of the staff of the Department, medical, nursing, technical and clerical. In addition, I gladly acknowledge the invaluable help received from members of voluntary bodies and from the other Chief Officers of the County Council. To all of these I express my sincere thanks.

I am,

Your obedient servant,

H. BINYSH,
County Medical Officer

County Hall,
Truro,
September, 1967.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR
PUBLIC HEALTH OFFICERS

County Medical Officer of Health and Principal School Medical Officer

H. BINYSH, MD., B.S., D.P.H., D.T.M.&H., Barrister at Law

Deputy County Medical Officer and Deputy Principal School Medical Officer

T. D. LEWIS, M.B., B.S., D.P.H.

Assistant County Medical Officer and Supervisor of Midwives:

NULECE EYLES, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

Area 1 (Penzance)

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H.

Area 2 (Camborne)

J. A. W. REID, M.B., Ch.B., D.P.H.

Area 3 (Truro)

C.W.J. HINGSTON, M.R.C.S., L.R.C.P., D.P.H., D.T.M.
&H. (Comm. 1.6.66)

Area 4 (St. Austell)

J. McGOVERN, M.B., B.Ch., D.P.H.

Area 5 (Wadebridge)

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)

*W. PATERSON, M.B., Dh.B., D.P.H.

Area 7 (Liskeard)

P. J. FOX, M.B., B.Ch., D.P.H.

* Also School Medical Officer

Senior School Medical Officer:

G. W. WARD, M.B., Ch.B., D.P.H.

School Medical Officers:

MARGOT M. COOK, M.D., D.T.M. & H.

E.P. JAMES, M.R.C.S., L.R.C.P., D.R.C.O.G.

MAIR L. JENKINS, B.Sc., M.B., B.Ch.

JEAN D. McMILLIAN, B.Sc., M.B., Ch.B.

M. D. H. MYHILL, B.M., B.Ch., D.P.H.

J. S. R. R. OLD, M.B., Ch.B.

*W. PATERSON, M.B., Ch.B., D.P.H.

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

P. R. WILSON, L.R.C.P. & S.

* Also Assistant County Medical Officers

Chief Dental Officer:

C. A. REYNOLDS, L.D.S.

Dental Officers:

Whole-time:-

W. T. ARMSTRONG, L.D.S.

A. G. BILLINGS, L.D.S.

C. J. BOOTH, L.D.S., R.C.S., B.D.Sc. (Comm. 24.10.66)

K. J. CAWLEY, L.D.S.

R. A. CURRIE, L.D.S.

R. E. EYLES, L.D.S.

Mrs. M. E. GOODYEAR, L.D.S.

W. A. GRUNWELL, L.D.S.

J. E. KENNY, L.D.S.

J. M. WADDAMS, B.D.S. (left 30.9.66)

D. J. WHEELER, B.D.Sc.

M. F. H. WILLIS, L.D.S.

Part-time:

Mrs. S. M. SATCHWELL, B.A., L.D.S.

R. J. THOMAS, F.D.S.

Dental Auxiliary:

Miss S. E. COMBEN, G.C.D. Prof Cert (left 28.2.66)

Mrs. J. W. GLASSON, G.D.C. Prof Cert.

Mrs. E. A. GREENAWAY, G.D.C. Prof Cert. (comm. 19.9.66)

County Public Health Officer:

W. R. SAUNDERS, M.A.P.H.I., M.R.S.H.

Assistant County Public Health Officer:

A. ROWE, Cert. R.S.I.

County Nursing Officer, Non-Medical Supervisor of Midwives, and
Superintendent Health Visitor:

Miss E. M. TEAGUE, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Senior Assistant County Nursing Officer etc.

Miss G. I. JESS, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Assistant County Nursing Officers:

Miss V. M. COVENTRY, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Miss V. E. GRAHAM, S.R.N., S.C.M., H.V. Cert., Q.N.S.

Miss M.E. SPEAR, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Miss K. A. PURKISS, S.R.N., S.C.M., H.V.Cert., Q.N.S.

County Ambulance Officer:

W. H. MAYCOCK, O.St.J., F.I.A.O.

Transport Officer:

J. J. PEARCE, O.St.J.

Civil Defence Training Officer:

F. POLKINGHORNE, O.St.J.

County Welfare Officer:

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law

Assistant County Welfare Officer:

W. C. ODGERS

Senior Family Welfare Worker:

Miss E. J. JENNINGS, S.R.N., S.C.M., H.V.Cert., Q.N.S.

County Mental Health Officer:

F. E. PASCOE, R.O.'s Cert.

Assistant County Mental Health Officer:

T. C. W. STANTON, Dip. Sociology

Senior Educational Psychologist:

P. F. PORTWOOD, B.Sc., Dip. Psych., A.B.Ps.S.

Educational Psychologists:

A. W. BOLGER, M.A.

J. J. GROVER, B.A., Dip.Ed.

D. LAWRENCE, B.A., A.B.Ps.S.

F. L. WYATT, B.Sc. (left 31.3.66)

A. B. COCHRANE, M.A. (comm. 1.8.66)

Child Guidance Social Worker:

Mrs. S. DAVIDSON

Mrs. M. SCHNEIDER, Dip.Social Admin., Dip.Applied Social Studies (left 30.12.66)

Miss M. J. HOSKING

Organiser of Training of the Mentally Handicapped:

Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H.

County Home Help Organiser:

Miss D. J. BLIGHT, Dip.Institute of Home Help Organisers

Chief Clerk:

W. S. HOOPER, D.M.A.

PART-TIME OFFICERS:

Chief Inspector under Food and Drugs Acts:

K.R.C. MARTIN, F.I.W.M.A. (also Chief Inspector of Weights & Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C.
Analytical Laboratory, Stuart House, 1 Tudor Street, London,
E.C.4.

Chest Physicians: (provided by the Regional Hospital Board)

B. A. G. JENKINS, M.D., M.R.C.P.

R. L. RAY, M.B., B.S.

J. C. MELLOR, M.B., Ch.B.

Advisers on Mental Health:

J. F. DONOVAN, M.R.C.S., L.R.C.P., D.P.M. (Consultant Psychiatrist)

J. E. DESSART, M.B., B.S., D.P.M. (Consultant Psychiatrist Child Guidance)

Regional Hospital Board Staff.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	876,296 acres
Population 1966 (R.G.'s mid-year estimate)	351,160
Population 1961 Census	340,013
Population 1951 Census	343,248
Censal Decrease	3,235
Percentage Decrease	0.99
Number of private dwellings (1961 Census)	116,819
Rateable Value	£10,963,199
Sum represented by 1d. rate	£44,364

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1962-66 is shown in the following table:-

	1962	1963	1964	1965	1966
Urban Districts	190,790	192,390	195,130	197,250	199,230
Rural Districts	148,320	148,720	149,750	149,900	151,930
Administrative County	339,110	341,110	344,880	347,150	351,160
Increase or decrease over previous year	+5,410	+2,000	+3,770	+2,270	+4,010

Table I at the end of the Report shows the estimated population and number of births and deaths for 1966 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births	Male	Female	Total
Legitimate	2,533	2,499	5,032
Illegitimate	173	179	352
Total	2,706	2,678	5,384

Birth rate per 1,000 of the population - 15.3

	18		
Still Births	Male	Female	Total
Legitimate	42	55	97
Illegitimate	8	3	11
	—	—	—
Total	50	58	108
	—	—	—

Still birth rate per 1,000 total births - 19.85

The Birth Rate of 15.3 compares with a rate of 15.6 in 1965. The following are the rates for recent years:-

			Cornwall	England and Wales
1957	..	..	14.1	16.1
1958	..	..	14.4	16.4
1959	..	..	14.2	16.4
1960	..	..	14.7	17.1
1961	..	..	14.5	17.5
1962	..	..	15.3	17.9
1963	..	..	15.2	18.1
1964	..	..	15.8	18.4
1965	..	..	15.6	18.1
1966	..	..	15.3	17.7 prov.

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:-

Males	2,547
Females	2,475
	—
Total	5,022
	—

This gives a death rate of 14.3 the same as in 1965. The following are the death rates for recent years:-

			Cornwall	England and Wales
1957	..	..	13.3	11.5
1958	..	..	13.7	11.7
1959	..	..	13.4	11.6
1960	..	..	13.7	11.5
1961	..	..	14.3	11.9
1962	..	..	14.3	11.9

1963	..	..	15.2	12.2
1964	..	..	13.8	11.3
1965	..	..	14.3	11.5
1966	..	..	14.3	11.7

Infant Mortality

There were 77 infant deaths registered during the year, giving an infant mortality rate of 14.30 per 1,000 live births. This compares with a rate of 18.47 in 1965.

Chief Causes of death at all ages

	1965	1966
Disease of Heart and Blood Vessels	2,093	2,122
Cancer	814	892
Vascular lesions of nervous system	800	799
Respiratory disease	427	421
Suicide and deaths from violence	140	150
Motor vehicle accidents	50	42
Tuberculosis	18	15

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M	F	M	F	
Under 1	-	-	-	-	-
1 - 5	-	-	-	-	-
5 - 14	-	-	-	-	-
15 - 24	1	-	-	-	1
25 - 34	3	2	-	-	5
35 - 44	11	1	5	2	19
45 - 54	39	9	23	3	79
55 - 64	105	32	75	27	239
65 - 74	166	127	135	104	532
75 and over	254	405	166	229	1,054
	<hr/> 579	<hr/> 576	<hr/> 409	<hr/> 365	<hr/> 1,929*

*including 10 deaths in the Isles of Scilly

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
Under 1	48	30	78
1 - 4	3	12	15
5 - 14	12	6	18
15 - 24	31	7	38
25 - 34	20	8	28
35 - 44	54	52	106
45 - 54	138	103	241
55 - 64	458	256	714
65 - 74	803	579	1,382
75 and over	993	1,435	2,428
	<hr/>	<hr/>	<hr/>
	2,560	2,488	5,048*
	<hr/>	<hr/>	<hr/>

* including 26 deaths in the Isles of Scilly

ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:-

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
1.	Bellair, Alverton, Penzance.	Penzance M.B.	3,155	18,910
		St. Ives M.B.	4,287	8,780
		St. Just U.D.	7,634	3,520
		West Penwith R.D.	59,792	17,520
			<hr/> 74,868	<hr/> 48,730
2.	Rectory Road, Camborne	Helston M.B.	4,014	8,460
		Camborne-Redruth U.D.	22,062	37,200
		Kerrier R.D.	90,839	22,820
			<hr/> 116,915	<hr/> 68,480
3.	The Leats, Truro.	Falmouth M.B.	1,880	17,370
		Penryn M.B.	829	4,950
		Truro City	2,634	14,340
		Truro R.D.	108,316	28,300
			<hr/> 113,659	<hr/> 64,960
4.	Moorland Rd., St. Austell	Fowey M.B.	2,979	2,350
		Lostwithiel M.B.	3,156	1,910
		Newquay U.D.	4,599	12,030
		St. Austell U.D.	18,379	26,270
		St. Austell R.D.	82,389	22,070
			<hr/> 111,502	<hr/> 64,630

5.	Brooklyn, Wadebridge	Bodmin M.B.	3,312	7,220
		Padstow U.D.	3,343	2,650
		Wadebridge R.D.	88,230	14,750
			<hr/> 94,885	<hr/> 24,620
6.	Launceston	Launceston M.B.	2,180	4,570
		Bude-Stratton U.D.	4,296	5,200
		Camelford R.D.	52,544	6,940
		Launceston R.D.	85,122	6,760
		Stratton R.D.	56,220	4,770
			<hr/> 200,362	<hr/> 28,240
7.	Westbourne, Liskeard	Liskeard M.B.	2,704	4,700
		Saltash M.B.	5,386	8,270
		Looe U.D.	1,691	4,010
		Torpoint U.D.	988	6,520
		St. Germans R.D.	48,533	14,570
		Liskeard R.D.	104,803	13,430
			<hr/> 164,105	<hr/> 51,500

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22 of the National Health Services Act, 1946, states that "it shall be the duty of every local authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of 5 years and are not attending primary schools maintained by a local education authority". The offer of dental care by the County Dental Service was once more publicised by the notification of this service to the Obstetric Out Patients' Departments in both clinical areas.

Ante-natal Care

The care of pregnant women has been undertaken in conjunction with domiciliary midwives by consultant obstetricians and general practitioners under the National Health Service. During the year, 1,291 women made 6,291 attendances at local authority clinics for "Relaxation Classes" which are run by the domiciliary midwives.

Mother's Clubs continue to grow in popularity and these are generally based at clinic premises where, with the enthusiasm and co-operation of the local Health Visitors and a small committee of mothers, informative and interesting health educational programmes are arranged. Guest speakers, who are specialists in their own field, are invited to the Mothers' Clubs evenings and a variety of subjects is covered over the year, as can be seen from the following programme carried out by the Truro Mothers' Club.

January - Admin. of Royal Cornwall Hospital (Treliske)	June - Hearing
February - Visit to Royal Cornwall Hospital (Treliske)	July - Growing Up
March - First Aid	August - Film: To Janet a Son
April - Flower arrangement	September - Child Guidance
May - Baby Foods	October - A.G.M.
	November - Visit
	December - Festivities.

An interesting development took place at the Redruth Mothers' Club where, spurred on by the Health Visitors, the mothers decided to study a Development and Care of Children Course and to enter for the National Association for Maternal and Child Welfare Certificate at general level. Of the 14 candidates who entered for the examination, all were successful, 4 at Grade A level, 9 at Grade B level and 1 at Grade C level. The age range of this group was 16-28 years. The interest shown in a real life project by this very active group would indicate that much can be done to educate the younger age mothers in matters of healthy living, both for themselves and their families. It is further envisaged that the involvement of fathers in a similar course will be undertaken within the next twelve months.

Maternity Accommodation

The proportion of hospital confinements has continued to rise during 1966 and is now approaching the proposed 70% recommended by the Cranbrook report.

The South Western Regional Hospital Board figures demonstrating this increase are given on the next page:-

Year	Total No. of births Notified	Patient's Home	Percentage of total births occurring in:-	
			Hospital and Maternity Homes	Nursing Homes
1941	5,290	65.2	19.1	15.7
1951	4,979	58.3	34.8	6.9
1961	4,940	49.85	48.17	1.98
1962	5,333	49.68	48.63	1.69
1963	5,276	44.5	53.2	2.3
1964	5,545	40.6	58.3	1.1
1965	5,378	33.9	66.1	-
1966	5,414	30.1	69.9	-

However, due to this implementation of the Cranbrook recommendations, there is now growing evidence that an effective domiciliary midwifery service will become more difficult to maintain in a rural area such as Cornwall through insufficient numbers of domiciliary cases. A closer look at the future of the domiciliary midwifery service becomes imperative, both at local as well as national levels. Urgent and cogent questions arise:-

Is our future policy aimed at giving an optimal, integrated midwifery service to the community?

Should we not be considering an administratively unified and not a tripartite service?

Are we continuing to dilute and wastefully disseminate our highly trained personnel?

Perinatal Mortality

Perinatal deaths consist of still-births together with deaths during the first week of life. They are usefully considered together since most of the causes are common to both groups. The perinatal mortality rate (i.e. the number of perinatal deaths per 1,000 total births) has come to be regarded as the most informative single index of the work of the maternity services. During recent years there has been

a steady fall, both in the national rates and the rates for Cornwall. The figures for Cornwall remain above those for England and Wales, but the difference is now narrowing. In the present state of knowledge, some perinatal deaths (e.g. those due to congenital malformations incompatible with life) are unavoidable but there is no indication that perinatal deaths are as yet reaching an irreducible minimum: there is still room for improvement.

Any analysis of the causes of a perinatal death is fraught with difficulty. Such a death is commonly the result of a sequence of factors, maternal and foetal, each of which contributed towards the final result. The selection of one of these factors as being the main cause of death is at best arbitrary and at worst may be completely misleading. There is a further difficulty: without a post-mortem examination it is often impossible to assign a cause for the death. For this reason a number of deaths are attributed to "prematurity" or "asphyxia" for example, because it may be impossible to be more specific. Even a post-mortem examination may sometimes do no more than reveal the manner of dying, e.g. asphyxia, without revealing the antecedent causes.

In Cornwall, only 35 of the 158 perinatal deaths were followed by post-mortem examinations and in only 24 of the deaths was it possible to establish clearly defined causes. Two causes stood out among these: intracranial haemorrhage, responsible for 8 deaths, and placental disturbances (mainly antepartum haemorrhage due to premature separation), responsible for 7 deaths.

Of the 158 deaths, prematurity (defined as a birth-weight of $5\frac{1}{2}$ lbs. or less) was a factor in no less than 61%.

Congenital malformations incompatible with life form a clearly defined group of causes which can often be identified without post-mortem examination. At least 15 deaths (9.5%) fell within this group; post-mortem examination might have revealed more. Anencephaly, responsible for 12 deaths, was the main malformation.

The following table gives statistics on perinatal deaths during the last 10 years:-

Year	Still-births [‡]	Infant Deaths [‡] First Week	Total	Perinatal Mortality Rates* Cornwall	England & Wales
1957	149	73	222	44.9	36.2
1958	129	54	183	36.6	35.0
1959	126	47	173	35.6	34.0
1960	98	58	156	31.0	33.0
1961	120	68	188	38.0	32.0
1962	125	65	190	35.7	30.8
1963	117	53	170	32.2	29.3
1964	113	71	184	33.2	28.2
1965	99	63'	162	31.7	26.9
1966	109	49	158	28.8	26.3

* based on deaths registered during the year

‡ occurrences during the year.

It is encouraging to note that the perinatal mortality rate for the year has continued to fall and reached the rate of 28.8 for the year. Detailed consideration was given by the special Committee of Obstetrician Consultants, General Practitioner's and local authority Medical Officers, to each perinatal death. This Committee met at regular intervals during the year and recommendations as to the selection of cases for hospital and domiciliary confinement were made and circularised to General Practitioner's and domiciliary midwives.

Premature Babies

The two portable incubators were used 31 times during the year, the one based at Liskeard 10 and the one based at Truro 21 times.

Child Welfare Centres

Attendance at these centres have been maintained throughout the year and 2,537 children attended for the first time; a total of 7,455 children attended during the year.

The weighing of babies continues as a sacred clinic ritual, acting as a placebo to anxious mothers but giving no regard to the fact that increase or decrease in weight is of little relevance in the estimation of the child's well-being and/or growth. Far better that the yardstick, or metre stick, be applied at regular intervals to give a true picture of the growth pattern, as suggested by the National

Institute of Child Health.

With the introduction of a scheme whereby nursing personnel administer injections to infants under the direction of the Clinic Medical Officer, it is hoped that the Clinic Medical Officer will have more time to devote to full clinical examination of the child and repeated routine assessments of the child's developmental pattern.

Care of the Unsupported Mother and her Child

On April 1st, the Cornwall Social and Moral Welfare Association relinquished its delegated responsibility for the care of the unsupported mother and her child and the case work was undertaken directly by the County Council. Unfortunately, due to a national lack of suitably trained case workers, it was not possible to recruit the necessary three field case workers to carry out this work, but the case worker previously employed by the Social and Moral Welfare Association, undertook employment with the County. However, her valuable assistance was soon lost as she decided to resign from the post for personal reasons and in August, as a short term measure, an emergency service was set up under the overall guidance of Miss G. I. Jess, the Deputy County Nursing Officer, and selected health visiting staff.

In the late autumn, three case workers were appointed, two of whom took up immediate duties under the continued supervision of Miss Jess, Mrs. E. Hewitt to serve the east of the County and Mrs. P.V. Rutter the west. Mrs. W.M. Graves was appointed as the senior case worker but before taking up duties with the County Council she will be undertaking a period of 9 months' training as Social Case Worker at the Josephine Butler College, Liverpool, and will take up duties in October, 1967.

The work continues to be arduous and a great deal of after-care has had to be left undone owing to the staffing difficulties. There is still a tendency, in certain quarters, to consider that because the baby has been adopted no further case work with the mother is necessary. This, however, is not the case as often these girls require the supportive care and understanding of a case worker in order to overcome the feelings of remorse and inadequacy to care for their child.

The Adoptions Officer of the Children's Department has

co-operated in the placing of babies when this was requested by the mother.

It is frustrating to report that because of financial restraints, the proposed Mother and Baby Home at St. Austell had not yet reached the final planning stage and consequently there appears to be little hope of the Home being built before the end of 1968, 5 years after the closing of Rosemundy Home at St. Agnes. In the meantime, the residential care of the unsupported mothers continues to be undertaken by the Penwith Association for Girls' Welfare at Morwenna, Penzance and out-county Mother and Baby Homes at Plymouth, Exeter and further afield. The Mayflower Home at Plymouth was re-opened during July, after a closure of several months due to staffing difficulties. The use of out-county has not always proved satisfactory, and the new Home has been planned to provide 12 beds conveniently sited near the St. Austell Maternity Hospital. In addition, it is envisaged that the proposed site adjacent to the Home for the Elderly at St. Austell will prove to have advantages for the residents of both Homes.

At Risk Register and Handicapped Young Children

It is with concern that one views the growing number of cases placed on the At Risk Register, as it is impossible to examine clinically all these cases in detail, due to lack of medical manpower. It is therefore becoming more and more imperative to be highly selective of At Risk factors and, having made the selection, the service to these children and their families must be expanded to include a thorough clinical examination, which should be repeated at regular intervals. The selection of cases may have to be made through mass screening of young infants and this will of necessity have to be delegated to domiciliary nursing/health visiting staff, with referral of the child to the Clinic Medical Officer and/or G.P. The next tier of referral should be to a specially integrated team of workers consisting of a consultant paediatrician, a Senior Medical Officer of the local authority, a Senior Educational Psychologist and other ancillary workers as considered necessary in individual cases. Examination of a large number of children will be involved, and in order to develop the service, clinical, epidemiological and administrative skills will have to be closely linked.

An infant or young child considered to be "at risk" of developing a handicapping condition should be routinely, and

repeatedly assessed for his/her developmental pattern by means of psychometric and physical examinations. The importance of early assessment of a handicapping condition cannot be stressed too strongly. Unfortunately, intelligence tests for young children tend to have restricted prognostic value and are at best useful only as a yardstick in the measurement of the child's developmental pattern. They are aimed at estimating potential rather than achievements. The Ruth Griffiths scale which purports to test the development of infants and young children up to the age of 2 years has British norms and is considered to be well standardised. The scale tests the capabilities of the young child in five profiles: namely, loco-motor, personal-social, hearing and speech, eyes and hands and performance.

The giving of these tests requires a trained person who has had extensive experience in dealing with normal babies and toddlers, coupled with experience in testing for auditory, or mental retardation or handicap. Such expertise is difficult to achieve and it is essential that for the growth of the useful work in this field of Child Health every opportunity should be given for specially selected Medical Officers to attend courses at the various Child Health Teaching Centres in the country. Furthermore, in order to carry out early assessment and subsequent early treatment for a young handicapped child, Special Assessment Centres will have to be set up, both on a national and local level. At present some young handicapped children in Cornwall are faced with a journey into Plymouth. In more difficult cases of assessment, the child may have to travel much further afield, e.g. to Bristol or London.

The ascertainment of a handicapping condition is a continuing process and ideally should occur at 3-6 monthly intervals in the early years of life, thus necessitating 2 to 4 visits per annum to an Assessment Centre, but even this is not all since the child should be receiving treatment and parental guidance at much more frequent intervals. It is conceivable that such an Assessment Centre based in the Truro/Camborne/Redruth area would be of inestimable value in serving the needs of the young handicapped child and the parents of these children within our community.

It is estimated on a national basis that 0.5% of total births in an area will give rise to a handicapped child necessitating help from the earliest days. On this basis, an average of 26 new cases should become evident each year, giving an estimate of about 130 children under age 5 years in Cornwall requiring repeated ascertainment and

treatment.

In the sphere of early detection of handicapping conditions in infancy and early childhood, preventive medicine can play its greatest role today, indeed it follows that Health Departments of the future should be geared to embrace every facet of developmental paediatrics in close co-operation with the obstetrician, the paediatrician and the general practitioner. An "early-warning" system for the detection of handicapping conditions can only be established through a more thorough integration of all concerned with the welfare of children. Furthermore, the planning of future community services for handicapped children and their families as a whole can only be based on knowledge of the complexity of the problem likely to arise in 5 to 10 or 15 years time. Undoubtedly, early detection of handicapping conditions, the institution of early treatment and early training of the child and supportive family guidance will do much to develop to the full the child's capabilities of becoming as useful and as self-supporting an individual as is possible.

Assessment of Hearing in Infants and Children

All babies should have a preliminary screening by Health Visiting staff for possible hearing defects at age 6 months. Children suspected of having hearing defects, whether reported by a parent, health visitor, or family doctor, should be screened by a medical officer specially trained and interested in this work. If a hearing defect is confirmed, then referral should be made to a special ascertainment team. It is unfortunate, however, that as yet there are no acoustically treated premises in the County for this work to be carried out, and the assessment team is required to carry out their onerous duty of diagnosis and ascertainment under the most adverse acoustic conditions. It is hoped that with the re-organisation of out-patient premises at present being carried out at the Royal Cornwall Hospital, thought will be given by the Regional Hospital Board to the provision of an acoustically treated room.

During the year 4,880 children were screened for possible hearing defects and the following table shows the numbers screened in each Health Area:

	Screened	Referred
Area 1	565	-
Area 2	1,012	6
Area 3	761	5
Area 4	784	7
Area 5	457	-
Area 6	505	8
Area 7	796	18
	<hr/> 4,880 <hr/>	<hr/> 44 <hr/>

It is encouraging to note that a very substantial number of infants are now being tested. 44 cases were referred by Health Visitors and Clinic Medical Officers for further investigation either by Dr. Eyles or one of the teachers of the deaf, or by the special ascertainment team consisting of Mr. Sheridan, Consultant E.N.T. Surgeon, Mr. Portwood, Senior Education Psychologist, Mr. Thomas, Senior Teacher of the Deaf and Mr. Eldridge, Teacher of the Deaf.

Family Planning

The Family Planning Association has continued to receive financial aid on a per capita basis for special cases, and free clinic premises from the County Council. Clinics have been held in Bude, Camborne, Falmouth, Launceston, Penzance, Redruth, St. Austell, Truro and Wadebridge. Patients are referred by the Hospital Service, General Practitioners, Health Visitors, District Nurses, County Council Social Workers and the Marriage Guidance Council. The number of cases so dealt with during the year is shown in the following table:

	Hospital.		Local Authority	
	Officially Referred	Notified+	Referred	Notified+
Bude	-	-	1	5
Camborne	-	-	-	-
Falmouth	2	-	5	1
Launceston	-	-	30	4
Penzance	2	-	-	-
Redruth	-	-	19	1
St. Austell	-	-	36	-
Truro	1	-	19	-
Wadebridge	-	-	-	20
	5	-	110	32

+This column has been used to define a patient who has quoted the referral source but has produced no authoritative evidence of referral.

The Committee decided towards the end of 1966 that an annual grant of £250 be made to the Family Planning Association, to meet the requirements of Ministry of Health Circular 5/66 to enable the service to cater for an increasing number of patients from the lower socio-economic groups.

Congenital Malformations

	AREAS							Total
	I	II	III	IV	V	VI	VII	
Central Nervous System	1	1	1	-	-	-	2	5
Eye, Ear	-	-	-	-	-	-	1	1
Alimentary System	-	-	2	-	-	-	2	4
Heart and Great Vessels	-	-	-	-	-	-	1	1
Respiratory System	-	-	-	-	-	-	-	-
Uro-genital System	-	1	-	-	-	-	2	3
Limbs	3	1	-	1	-	-	2	7
Other Skeletal	-	-	-	-	-	-	-	-
Other Systems	2	1	-	-	-	-	2	5
Other Malformations	-	-	-	-	-	-	2	2
TOTAL Malformations:	6	4	3	1	-	-	14	28
Number of Children:	6	4	3	1	-	-	14	

Exfoliative Cervical Cytology

Screening facilities at clinics for the detection of cancer in women were expanded throughout the County as the improvement in the technician services became available. Clinics are held at:

Penzance, Hayle, St. Ives, Helston, Redruth, Camborne, Truro, Falmouth, Newquay, St. Austell, Wadebridge, Bodmin, Launceston and Saltash,

and by the end of the year 2,564 women had been screened and a number of cases were referred to general practitioners for further examination and/or treatment.

Appointments for screening at special clinics are made at the request of the patient herself, either directly at the Health Area Office or through her general practitioner or Health Visitor/District Nurse. The Cervical Cytology clinics are staffed by lady doctors with specialist training and/or experience in gynaecological work.

As well as the smear test being done, self examination of the breast is taught and a full pelvic examination is made. Where any breast or pelvic disorder is found, the general practitioner concerned is notified and the patient is requested to visit her doctor.

As from September, a routine urine test was included as part of the examination in view of the number of non-symptomatic diabetes cases in the community. This last procedure has not yet been carried out in a sufficient number of cases for an evaluation to be made.

Because of the limited technician services available during the year, little publicity was given to the service, but it is worth noting that the more informed women's groups, availed themselves of the service as soon as possible. It is also of interest to note that at the examinations, the patients were anxious to discuss matters concerning marital life, menopausal stresses and even adolescent strife within the family.

In September, a meeting of all the Medical Officers concerned with the administration of the clinics was held at Royal Cornwall Hospital (Treliske), when Dr. Salm gave a talk on carcinomatous growths, Health education film strips on cancer were shown by Dr. Eyles. The discussion which followed indicated that contact between clinicians, technologists and administrators should become routine.

Smear tests are also carried out by some of the general practitioners in the County, at Family Planning Clinics, and routinely at gynaecological clinics in the Plymouth Clinical Area.

Child Care Co-ordinating Meetings

During the year several meetings were held between representatives of the Children's Committee and the Maternity & Child Welfare Committee to discuss mutual problems affecting the welfare of children in the County. Meetings at officer level were also conducted during the year and Health, Children's, Education and Probation Departments were all represented.

1966 Accidents

Head Injuries	21
Limb Injuries, fractures and severed tendons	91
Burns and scalds	29
Swallowing of Poisons or Foreign Bodies	58
Soft Tissue Injuries, (including embedding of foreign bodies in soft tissues)	19
	<hr/>
	218
	<hr/>

Compared with the 1965 figures, there has been a large increase (53) of accidents to young children and this in itself would indicate that there should be no relaxation of efforts aimed at accident prevention either inside or outside the home. The 50% increase in head injuries is a matter for concern, particularly as it is well known that even minor injuries to the central-nervous system can have significant repercussions in the future learning processes of the young child at school.

Nurseries and Child Minders

The Nurseries and Child Minders Regulation Act, 1948, places a duty upon Local Health Authorities to keep registers of, and empowers them to supervise -

- (a) Premises (referred to as day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for a day or a substantial part thereof.

- (b) Persons (referred to as daily minders) in their area, who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof.

In carrying out the above duty under the Act, Cornwall County Council have imposed certain requirements in connection with the registration of what are now termed Pre-school Playgroups and the following standards have been laid down.

Standards for ordinary Child Minders minding any age of children for any period.

1. Space: Infants under 1 year 40 sq.ft. per child
 Toddlers (1-2 years) 30 sq.ft. per child
 Toddlers (2-5 years) 25 sq.ft. per child
2. Gardens: Facilities for outdoor exercise for the children, garden or other open space, must be securely fenced and gated.
3. Heating: Adequate and safe forms of heating must be available, properly guarded.
 The rooms used by the children to be heated to a temperature of 65° F and a wall thermometer to be provided to ensure that the heating is adequate.
4. Cooking: Adequate kitchen arrangements with suitable food storage and wash-up arrangements with an adequate supply of hot water.
5. Babies: If babies are accepted, there should be suitable facilities for washing and drying napkins and for making up of bottle feeds.
6. Laundry: Adequate laundry and drying facilities.
7. Prams: Suitable covered space for pram storage.
8. W.C. Accommodation: 1 Water closet for each 7 children.
9. Washhand Basins: 1 for every 3 children. These are not required to be fixed but plastic bowls on suitable stands are approved.
10. Cloakroom Accommodation:
 An adequate number of spaced clothes hooks should be provided for outdoor clothes and each child's mother to provide a shoe bag for personal belongings.

11. Towels and Face Cloths:

Separate ones for every child must be provided hanging separately. Suitable types of paper towels and soft paper wipes may be supplied in place of fabric ones and these are destroyed after use.

12. Fire Extinguisher and First Aid Box:

These are to be provided. Fire Precautions to be approved by the Chief Fire Officer if use is made of upstairs accommodation.

13. Play Material: Adequate play material, both indoor and outdoor, should be provided (see below for suggested material).

14. Register: A register giving the names, addresses of the children and the names and telephone numbers of their own doctors should be provided.

15. Adult Supervision:

1 adult for each 5 children minded. Supervisors and Assistants of Playgroups should be X-rayed when they commence, if possible, using the Mass Miniature X-ray Scheme.

Standards for Older Children minded for limited periods only, i.e. Nursery Play Groups

The above standards are varied as follows:-

1. Water Closets: 1 for every 10 children.

2. Adult Supervision:

Minimum of 2 and a ratio of 1 adult to 7 children.

If the maximum number for which the group is registered is 15 or more, at least ONE of the adults should have had suitable training in the care of children.

Adequate Play Material:

Indoor - Crayons, modelling clay, sand and water, bill poster paints, large brushes, jig-saws, educational construction toys, books suitable for age group.

Outdoor - Swing, sandpit, climbing-frame, slide, large old boxes, old car tyres.

When a person applies for registration to run a Pre-School Playgroup, an inspection of the proposed premises and an interview with the proposed group supervisor are carried out by Dr. Eyles. The proposed registration is then placed before the appropriate Committee for consideration. Of twenty nine applications received during 1966, thirteen were, eventually, registered.

Following registration the Group is then periodically inspected and supervised by the Health Visitor and/or Dr. Eyles.

A survey of Provision of Day Care thus provided in the County was carried out in January, 1967 and is set out in the following table:-

Total Population of Children aged 2-5 years in Cornwall at 31st December, 1966 was approximately 15,500.

Health Areas

	Total	1.	2.	3.	4.	5.	6.	7.
Number of registered privately run Day Nurseries & Child Minders	37	2	12	9	5	3	-	6
Premises used:-								
Clinics	6	1	1	1	-	2	-	1
Public Halls	13	-	3	3	4	1	-	2
Private Residences	18	1	8	5	1	-	-	3
Number of Registered Places for Children	573	34	117	136	86	65	-	75
Number of Children on Registers	896	65	248	254	111	123	-	95
2-2½ years of age	31	1	14	9	7	-	-	-
2½-3 years of age	85	4	22	37	13	3	-	6
3-4 years of age	384	36	102	111	38	53	-	44
4-5 years of age	396	24	110	97	53	67	-	45
Number of Handicapped Children on Registers	20	3	2	3	8	1	-	3

continued on next page

	Total	1.	2.	3.	4.	5.	6.	7.
Classification of Handicaps:-								
Deaf	4	1	-	-	1	1	-	1
Blind	1	-	-	-	1	-	-	-
Physically Handicapped and Spastic	6	1	2	1	2	-	-	-
Emotionally disadvantaged	5	1	-	-	2	-	-	2
Mentally Handicapped	2	-	-	-	2	-	-	-
Communication difficulties	2	-	-	2	-	-	-	-
Handicapped Children referred by:								
Local Authority M.O.	12	1	2	3	5	-	-	1
Educational Psychologist	4	1	-	-	2	-	-	1
Health Visitor	1	-	-	-	1	-	-	-
Teacher of the Deaf	3	1	-	-	-	1	-	1

The total number of days on which the playgroups run vary from two sessions per week, i.e. two mornings, 9.30 a.m. - 12.00 noon to ten sessions per week, i.e. Monday to Friday 9.30 - 12.00 noon and 2 p.m. - 4.00 p.m.

Free milk or orange juice is supplied to the playgroups on application to the Ministry of Health by the organisers of the groups.

A comparison of the numbers of registered groups in the past 5 years in the following table indicates the outstanding growth in numbers of such groups

Year	Day Nurseries		Child Minders	
	Number Registered	Number of Places	Number Registered	Number of Places
1962	4	65	12	106
1963	11	256	12	100
1964	12	227	18	143
1965	13	280	21	166
1966	20	449	16	139

Close liaison is mentioned with the Cornwall Branch of the Pre-School Playgroups Association under the organisation of Mrs. Graham-Brown.

For the first time, the County Education Committee agreed to arrange a 10 week course in Child Management and Welfare, which was conducted at St. Austell Technical College. The course was divided into three sets of lectures dealing with emotional and social development, psychological factors influencing development, and practical guidance, on providing a favourable environment for children.

Welfare Foods

The issues over the past five years are as follows:-

	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Packets)	Orange Juice (Bottles)
1962	101,456	6,335	7,267	62,772
1963	99,468	6,947	6,910	72,234
1964	94,910	6,339	6,052	74,649
1965	85,988	6,383	5,633	77,783
1966	69,560	5,614	5,117	87,037

Whilst the issues of Cod Liver Oil and Vitamin Tablets continue to fall at the rate of 10-12% the most striking decrease, for which there are no apparent reasons, other than those mentioned in my

report for 1965, is the 24% decrease in the take up of National Dried Milk.

The issues of Orange juice have again risen (by about 12% this year). It is possible, of course, that parents with small children are now appreciating that this is far better value than the more expensive proprietary brands of Cordial.

Once again, tribute must be paid to the Women's Voluntary Service and shopkeepers at the 138 centres in Cornwall, without whom it would be impossible to maintain the service.

THE NURSING SERVICE

Report of the County Nursing Officer

Pilot schemes of Attachment, or Liaison, of different members of the Public Health Nursing Service, with General Practitioners, are beginning to show results. On the whole such schemes are appreciated by both Doctors and Nursing Staff. However, where there is some incompatibility in one case there is some frustration, resulting in too great an emphasis on "Is this my job or the doctor's?" There are so many border line cases that there must be a good deal of give and take, and a lot of common sense used.

Thanks to the support of Dr. T. Wilson and the Physio-therapist and Occupational Therapist from Barncoose Hospital, a most useful weekend Seminar was held at the end of April, 1966 on "Independence of the Elderly". The Public Health Nursing Staff learned many ways they could help their patients recover some measure of independence, after handicapping illnesses or accidents. 1966 too saw the beginning of a closer working with the Occupational Therapists of the "Cornwall Care of the Disabled Association".

Now that the Maternity Units at Penzance and St. Austell are well established, and the pattern of less domiciliary mid-wifery in certain areas set, there can be a new approach to the Public Health Nursing Staff, as existing staff leave or retire. This means that a State Registered Nurse, a State Enrolled Nurse or Nursing Auxiliary, may be appointed to work closely with, and support the work of, the combined District Nurse, Midwife or triple worker (Health Visitor, District Nurse, Midwife), where the work has changed enough to warrant this.

For the latter part of the year Miss Jess, the Deputy County Nursing Officer, was seconded to take over the responsibility for organisation of the service for the care of the Unmarried Mother and her Child, pending permanent appointments being made.

The permanent whole time field staff at the 31st December, 1966, was as follows:-

Administrative Staff

County Nursing Officer	1
Deputy County Nursing Officer	1
Assistant County Nursing Officers	4
	—
	6
	—

Whole-time Health Visitors

"Queen's" Nursing Sisters, S.C.M., H.V.Cert.	18
State Registered Nurses, S.C.M., H.V. Cert.	26
Part-time Tuberculosis and General Health Visitors	1
	—
	45
	—

District Nurse-Midwife/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	42
State Registered Nurses, S.C.M., H.V.Cert.	9
"Queen's" Nursing Sisters, S.R.N., S.C.M.	6
State Certified Midwives, S.E.N.	2
State Registered Nurse, S.C.M.	1
	—
	60
	—

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	20
State Registered Nurses, S.C.M.	25
State Certified Midwives, S.E.N.	6

District Nurses

"Queen's" Male Nurse	1
State Registered Nurses	3
State Enrolled Nurse	1

District Midwife

State Certified Midwives	1
	<hr/>
	117
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Part-time Staff

Health Visitors	1
"Queen's" Nursing Sisters, S.C.M.	3
"Queen's" Nursing Sisters, S.C.M., H.V.Cert.	1
State Registered Nurses	18
State Registered Nurses, S.C.M.	3
State Enrolled Nurses	
Nursing Auxiliary	1
	<hr/>
	27
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Sickness

Unfortunately one nurse has been off sick the whole year. Several others have had major operations but have returned to duty in high spirits. One nurse has had to retire on a disability pension. Altogether there was a total of 76 members of staff off duty for 2,025 days, an average of 12.5 days per person for the whole staff.

Transport

The Transport Officer and his staff continued to do all in their power to help the Nurses and Health Visitors on the road. This is done in a friendly, cheerful manner which makes all the difference when in "car" trouble.

Housing

Two new houses were bought for the two Nurses formerly living in the Nurses Home in Truro. This means there are no "Nurses Homes" in Cornwall now, and that nearly all the staff either have their own homes or live in a Council house or County Council house. Eight houses were furnished by the Cornwall County Council at the end of 1966.

Midwifery

There was not such a dramatic drop in domiciliary births but records show 175 fewer in 1966 than in 1965. It is a worrying position which means fewer District Midwives must be employed because of less midwifery, and yet enough midwives must be available to meet all emergencies which arise. Investigations into radio telephones fail to show any model which is capable at present of meeting the needs of Cornwall. It would seem that this will be the answer to the problem one day.

Refresher Courses

During the year 22 Midwives attended Midwifery Refresher Courses under Rule G.2 of the Central Midwives Board. One Non-Medical Supervisor of Midwives attended a Post Graduate Course for Supervision of Midwives, and 12 Health Visitors went to Health Visiting Refresher Courses. One State Enrolled Nurse attended a special course at the Wm. Rathbone College at Liverpool.

Supervision

The County Nursing Officer, her Deputy and Assistant County Nursing Officers paid the following visits during the year.

For checking of records and practical work	245
Other visits, including follow-up visits after statutory notifications.	274

During the year ¹⁹⁶~~194~~ Midwives notified their intention to practice in the County.

Domiciliary, Cornwall County Council	124
Domiciliary in private practice	2
Institutional	70
	<hr/>
	196
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Deliveries attended by Domiciliary Midwives

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	43	1,596	1,639

The Midwives attended 899 mothers who were discharged from hospital before the 10th day. They also accompanied 389 patients to hospital by ambulance or car, entailing 825 hours away from the district.

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	22,398
Ante-natal visits to hospital booked cases	4,790
Midwifery visits	26,025
Visits to hospital booked cases discharged before the 10th day	4,339

Medical Aid forms sent in respect of:-

Mothers during ante-natal period	292
Mothers during labour	490
Mothers during puerperium	59
Infants	97

Other Statutory Notifications were received as follows:-

Stillbirths	109
Death of Mother	-
Deaths of Infants	77
Liability to be a Source of Infection	19

Attendance at Clinics by Midwives

General Practitioner Ante-Natal Clinics	1,637
Midwives Ante-Natal & Relaxation Classes	330
Special Clinics for Health Education and Relaxation	581

Health Visiting

The Health Visitors continue to enjoy a variety of tasks. The new Health Visitors returning from their Training Schools after the first year of the New Syllabus, have come back full of enthusiasm but in some cases find it somewhat difficult to come down from the clouds after such a stimulating year. However, they are learning to apply the theory to the actual.

The following figures show the work of the Health Visitors:

First visits to children under 1 year	5,200
Total visits to children under 5 years	115,315
Total number of children under 5 visited	25,296
Visits to persons over 65 years (social)	13,100
Social visits to others	8,763
Mental Health Visits	669
Infectious disease visits	492
Hospital after-care visits	493

Attendances at Clinics, etc:-

Child Welfare Centres	1,789
Mothercraft and Relaxation Classes	616
Mothers Clubs	149
Immunisation Sessions	2,203
B.C.G. Vaccination Sessions	42
Lectures and talks given	1,896
Demonstrations	1,501
Attendances at School Medical Sessions	1,428
Attendances at School Hygiene Sessions	1,204
Reinspections	233
Follow-up visits	1,824

Students

The Nursing Staff have taken many students of different kinds into their day's work and into their homes. The Students are extremely grateful and enjoy the contact. One Public Health Nursing Administration Student (from Yugoslavia) came to Cornwall for a fortnight's rural experience. It is difficult to say whether she enjoyed her visit as much as we enjoyed having her as our guest.

Home Nursing

The substance of the District Nurses work does not alter much, though, we hope, it is made easier by the use of pre-sterilized disposable syringes, catheters and gloves, and also disposable masks, and underpads.

In Falmouth where the District Nurse - Midwives are now attached to Group Practices, the liaison is very good, and the nursing has increased. It is hoped to start such liaison in other areas.

Work done by District Nurses

New Patients

Surgical Cases	1,483
Medical Cases	5,401
Miscarriages	134
Tuberculosis	100
	<hr/>
	7,118
	<hr/>

Visits paid:

Surgical	36,840
Medical	159,622
Miscarriages	780
Tuberculosis	7,260
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	204,502
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DENTAL SERVICE

Report of the Chief Dental Officer for 1966

There was one change in dental officer staff during the year, at Newquay; because of the attractive situation there was no difficulty in filling the post and the period between resignation and appointment was but little more than a month. A dental auxiliary resigned in February but this post was not filled until September.

Although the proportion of time spent on the work of mothers and pre-school children is less than the recommendation of the Ministry of one session in ten, all of those mothers and pre-school children who were referred and found to need treatment were treated.

The treatment figures are shown in a new form which gives more detail than in previous years.

Expectant and nursing mothers

Although the number of mothers referred to the clinics for inspection shows an increase of 43 (about 25%), compared with the previous year, the total, 211, is only a very small proportion of those who could have availed themselves of the service. There is a surprising feature in that although more mothers - a few more - were treated than in the previous year, the total numbers of fillings for them shows

a decrease of about one third. There is no obvious explanation for this.

Pre-school children

The volume of work for pre-school children continues to grow year by year which indicates increasing interest and confidence of parents, as this aspect of the service is becoming known; particularly encouraging is the increased number of fillings, 952, compared with 595 in 1965 and 309 as recently as in 1963. The usefulness of the dental auxiliaries in treating these very young patients is demonstrated in that they were responsible for 270 fillings of the total of 952.

The number of failed appointments totalled 512; one in five of children's appointments given and one in four of mothers'. This is always a disappointing feature of the dental service.

Dental Services for Expectant and Nursing Mothers and Children under 5 years.

A. Attendances and Treatment	Children 0-4 (inc.)	Expectant & Nursing Mothers
No. of visits for treatment during year		
First Visit	454	215
Subsequent Visits	656	542
	<u>1,110</u>	<u>757</u>
No. of Additional Courses of Treatment other than the First Course commenced during year	91	20
Treatment provided during year -		
No. of Fillings	952	379
Teeth Filled	864	348
Teeth Extracted	426	370
General Anaesthetics given	160	37
Emergency visits by Patients	45	25
Patients X-Rayed	5	32
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	77	93
Teeth otherwise conserved	78	
Crowns		2
Number of courses of treatment completed during the year	393	150
	<u> </u>	<u> </u>

B. Prosthetics

Patients supplied with full upper or lower (first time)	17
Patients supplied with other dentures	28
Number of Dentures supplied	91

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C. Anaesthetics

General Anaesthetics administered by dental officers	44
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D. Inspections

No. of patients given first inspections during year	A.756	D.211
No. of patients in A and D above who require treatment	B.504	E.201
No. of patients in B and E above who were offered treatment	481	199

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E. Sessions

No. of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	301
For Health Education	5

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AMBULANCE SERVICE

Report of the County Ambulance Officer

Compared with 1965, there has been an overall increase of 0.99% in the number of patients conveyed by the Ambulance Service, with a corresponding increase of 1.47% in accident and emergency patients (see graph on page 54).

The new hospital at Treliske, Truro, opened in May with the transfer of patients from the Royal Cornwall Hospital (City), Truro, and Redruth Hospital, which took place without incident. The increasing demand for inter-hospital transport of stretcher patients between Treliske and the peripheral hospitals could make it difficult to meet these demands without replacing staff when they leave at certain ambulance stations, and this is being kept under review.

It was envisaged that a new Ambulance Station would have been built at Bude this year, but this was not possible due to

certain technical difficulties, so the Station is now scheduled for 1967/68.

During the year, regular meetings have been held with the hospital staff in the West Cornwall and Plymouth Clinical Areas, as well as with the Officers in charge of the Plymouth and Devon Ambulance Services, and these have undoubtedly contributed to the good relationship existing between the Services.

The Hospital Car Service has been strengthened during the year by recruitment of suitable drivers so that the position is now very satisfactory apart from a few areas in the Eastern part of the County.

Ambulance Stations

Day-Time Service (Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Ambulance Driver/ Attendants	Vehicles. Ambulances Dual-Purpose	
Penzance	1	-	8	4	2
Redruth	1	-	11	4	4
Falmouth	-	1	6	2	3
Truro	1	-	11	7	4
St. Austell	-	1	7	3	2
Newquay	-	1	3	1	2
Bodmin	-	1	6	3	3
Launceston	-	1	6	2	2
Camelford	-	-	2	1	-
Bude	-	-	2	1	1
Liskeard	-	1	5	3	3
Looe	-	-	2	1	-
Torpoint	-	1	3	1	1
Saltash	-	1	3	1	1
	3	8	75	34	28

Night and Week-end Service

Station	Ambulance owned by County Council and operated by Voluntary Organisation	Ambulance owned and operated by Voluntary Organisation	Ambulance owned by County Council and operated by full- time drivers on stand-by basis
Pendeen	-	1	-
Penzance	1	-	-
St. Ives	-	1	-
Hayle	1	-	-
Camborne	1	-	-
Redruth	1	-	-
Illogan	-	1	-
Helston	-	1	-
Falmouth	-	-	1
Truro	-	-	1
Newquay	1	-	-
Indian Queens	-	1	-
St. Dennis	1	-	-
St. Blazey	-	1	-
Fowey	-	1	-
Bodmin	-	-	1
Padstow	-	1	-
Wadebridge	-	1	-
Camelford	1	-	-
Bude	1	-	-
Launceston	1	1	-
Liskeard	-	-	1
Looe	1	-	-
Torpoint	1	-	-
Saltash	-	-	1
	11	10	6

Voluntary Organisations

As can be seen from the table, 10 Voluntary Associations have their own vehicles, while in addition the members of the St. John Ambulance Brigade and British Red Cross Society have continued to staff the County ambulances on certain stations at nights and week-

ends. They have undertaken these duties most conscientiously and without fail.

Hospital Car Service

During the year the Hospital Car Service carried 22.8% more patients than in the previous year, and the Ambulance Controls are now assisting in grouping the journeys which has contributed to the reduction of the miles per patient from 15.8 last year to 14.0 this year. The Area Transport Officers of the Hospital Car Service have worked very closely with the Ambulance Control staff in this co-ordination of patient journeys, and we are most grateful to them for all their assistance.

Analysis of the Work Carried out during 1966

	Section 27 Patients		Other than Section 27		Journneys without Patients		Total	
	Accidents and Emergencies	Other Cases	Patients	Miles	Patients	Miles	Patients	Miles
Ambulances	9,503	245,969	40,347	369,736	2,528	5,889	12,466	52,378 634,060
Dual-Purpose Vehicles	297	5,673	63,067	328,933	9,547	27,925	6,311	72,947 368,842
Hospital Car Service	649	20,262	41,056	605,771	5,968	38,183	3,566	47,673 667,782
	10,449	271,904	144,470	1304,440	18,043	71,997	22,343	172,998 1,670,684

ACCIDENT AND EMERGENCY CASES CARRIED



Service Statistics

Patients carried and distances covered by the Ambulance and Hospital Car Services are shown in the table below:-

<u>Ambulances</u>	1952	1958	1965	1966
Patients Carried	35,993	35,952	50,677	52,378
Miles Travelled	501,264	498,070	608,463	634,060
Average Miles per Patient	13.92	13.85	12.01	12.10
<u>Dual-Purpose Ambulances</u>				
Patients Carried	71,540	93,590	81,767	72,947
Miles Travelled	628,932	686,993	474,239	368,842
Average Miles per Patient	8.79	7.34	5.80	5.06
<u>Hospital Car Service</u>				
Patients Carried	15,604	20,876	38,816	47,673
Miles Travelled	227,303	280,877	614,588	667,782
Average Miles per Patient	14.56	13.45	15.83	14.00
<u>Total - All Services</u>				
Patients Carried	123,137	150,418	171,260	172,998
Miles Travelled	1,357,499	1,465,940	1,697,290	1,670,684
Average Miles per Patient	11.02	9.75	9.95	9.65

Figures are shown for 1952, as in this year standard returns were made for the first time by all Authorities, counting one person carried once in one direction as one patient.

Long Distance Transport

	1965	1966
Number of Patients carried by Ambulance, Dual-Purpose Vehicles, and Hospital Car Service	15	20
Number of Patients carried by Air	5	5
Number of Patients carried by Rail:-		
Patients for whom the County Council paid fares	855	768
Patients for whom the County Council did not pay fares	333	268

We are again indebted to the escorts provided by the British Red Cross Society and the St. John Ambulance Brigade to

accompany patients to various parts of the Country, often at very short notice and at times, at great inconvenience to themselves.

Early in the year, the County Councils' Association was informed by British Rail that they had completed a review of their charges for conveying stretcher patients by rail, and that their revenue failed by a substantial margin to meet the cost of providing this service. Therefore, as from 1st April, 1966, they would charge 2/- a mile second class, and 3/- a mile first class, for patients requiring a compartment on a train, instead of a single fare for the patient and return fare for an escort. It is estimated that in a full year this will mean an additional expenditure of £4,500.

I am grateful to the Ambulance Officers of other Local Authorities who have made arrangements to meet trains and aircraft on behalf of the Cornwall Ambulance Service and conveyed the patients to their final destinations.

Replacement of Vehicles

During the year, three dual-purpose vehicles completed 100,000 miles, when they became due for replacement in accordance with the recommendation of the Ministry of Health, and were sold. They have not been replaced, but in all probability it will be necessary to replace them when the Geriatric Unit at Redruth opens next year, and it is known in detail what are the demands on the Ambulance Service.

National Safe Driving Competition

In 1966, 84 members of the County Ambulance Service staff were entered in the National Safe Driving Competition, and the following awards were gained:-

4th Bar to the 10-Year Medal	1
3rd Bar to the 10-Year Medal	1
3rd Bar to the 5-Year Medal	6
2nd Bar to the 5-Year Medal	13
1st Bar to the 5-Year Medal	9
5-Year Medal	3
Diplomas - 1 - 4 Years	40
Exemption Certificates	5

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Civil Defence Ambulance and First Aid Section

The total number of volunteers in the Ambulance and First Aid Section is 265, a reduction over the previous year of 68, due mainly to volunteers failing to comply with conditions as laid down in Civil Defence Circular 18/1962.

The progress of training in the Section is as follows:-

	1964	1965	1966
Class A	113	133	153
Class B	-	-	-
Reserve	39	45	51
Recruits	220	155	61

During the year a further 25 members passed the advanced test, making a total of 81, but 4 have since resigned.

There are 27 Instructors, of which 13 are members of the Civil Defence Corps and 14 are from the full-time Ambulance Service. Of this total, 16 hold Centrally-Trained Certificates, an increase of 2.

Volunteers from all parts of the County have taken part in Area and one-day training exercises which have been held on the ranges with other Sections of the Corps, and culminated in a large-scale exercise on the Training Range at Carnkie.

The Annual Competition for the Ambulance and First Aid Section was held in April, in which a record number of 10 teams competed. The results were as follows:-

- 1st Grinter Cup - Penzance
- 2nd Kernick Cup - Camborne
- 3rd Instructors' Shield - Saltash

A team from Liskeard Area also competed in the open First Aid Competition organised by the St. John Ambulance Brigade and held at Redruth in October, and won the Ladies Team Cup.

There are 3 Personnel and Equipment Vehicles and 5 Ambulances which are used in the training of volunteers.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifiable diseases

There were no serious outbreaks of infectious disease during the year. The following table gives details of the number of notifications received of infectious diseases and acute rheumatism (figures for 1965 are shown in brackets).

Scarlet Fever	27	(36)
Whooping Cough	141	(293)
Diphtheria	-	(-)
Measles	2,256	(2,791)
Pneumonia	83	(84)
Meningococcal infection	-	(2)
Poliomyelitis	-	(-)
Dysentery	91 74	(745)
Ophthalmia Neonatorum	-	(3)
Puerperal Pyrexia	8	(33)
Smallpox	-	(-)
Paratyphoid Fever	1	(-)
Typhoid	-	(1)
Food Poisoning	16 1	(6)
Erysipelas	13	(12)
Malaria	-	(-)
Acute Rheumatism	2 1	(4)
Tuberculosis (all forms)	57 50	(89)
Acute Encephalitis	2	(1)

Vaccination and Immunisation

There were no important changes in the arrangements for vaccination and immunisation during the year. The following table gives the percentage vaccinated in Cornwall, with the equivalent national figures.

	Children born in 1965			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England & Wales	72	73	68	38
Cornwall	75	76	77	36

Poliomyelitis

The campaign to raise the immunity of older children and young adults, mentioned in the 1965 report, was completed in February. The numbers given a full course of oral vaccine are as follows:-

Year of birth			Total
1951-55	1946-50	1945 and over	
6,231	3,529	3,207	12,967

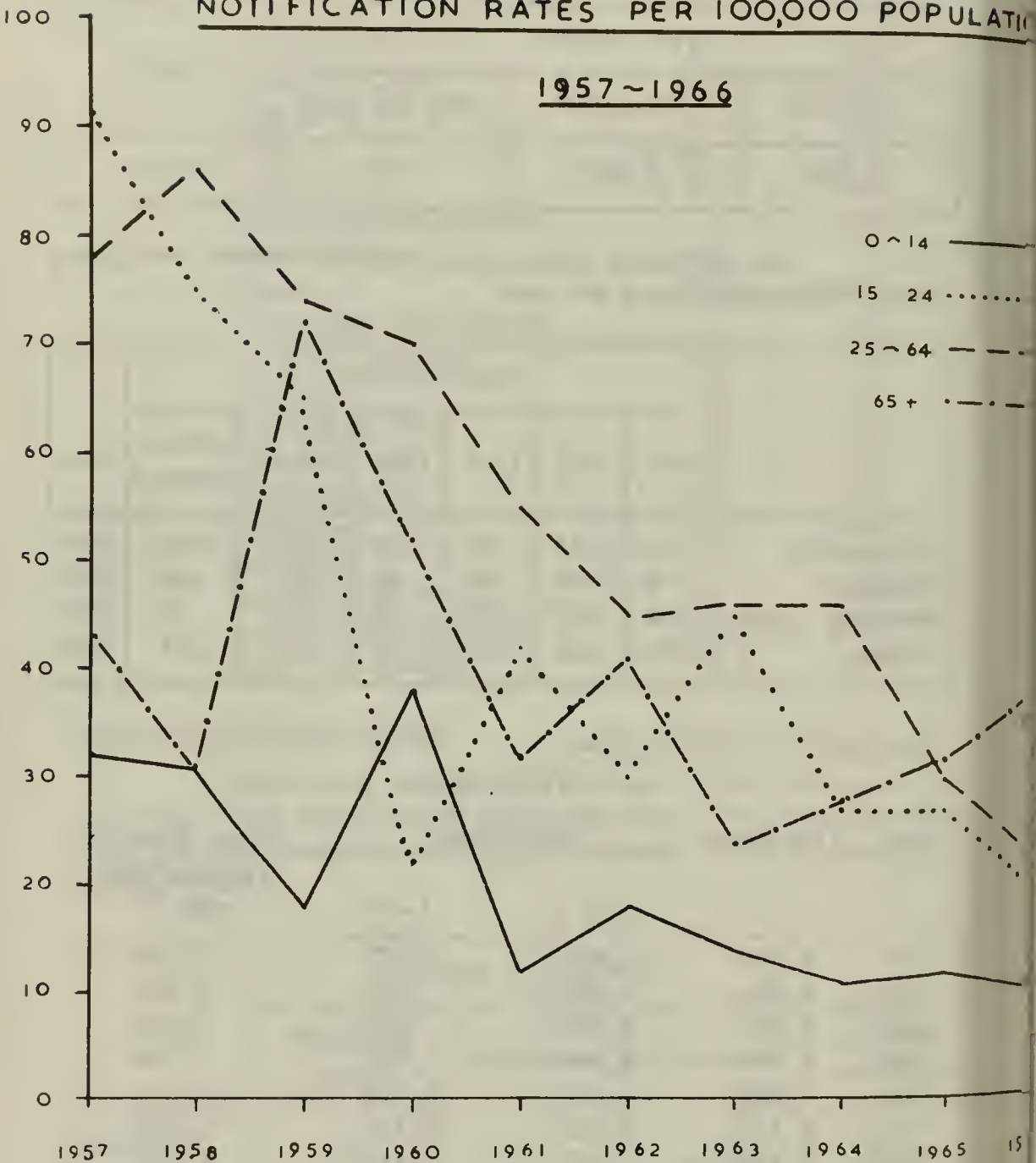
The following table gives details of infants and young children immunised during the year.

	Year of birth						Total
	1966	1965	1964	1963	1959-62	Others under 16	
Poliomyelitis	1108	3245	553	210	1372	1340	7828
Diphtheria	1776	2634	284	83	307	145	5229
Whooping Cough	1764	2597	267	69	111	16	4824
Tetanus	1777	2635	285	83	356	271	5407

Vaccination against Smallpox

1957 - 1966

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1 - 4	under 16
1957	4,768	1,452	673	2,528
1958	4,876	1,429	816	2,521
1959	4,795	1,398	853	2,574
1960	4,938	1,541	905	2,798
1961	4,850	1,380	1,116	2,916
1962	5,178	1,525	3,176	15,328
1963	5,189	451	419	1,266
1964	5,391	367	1,507	2,127
1965	5,415	210	2,253	2,668
1966	5,384	266	2,676	3,152

TUBERCULOSISNOTIFICATION RATES PER 100,000 POPULATION1957~1966

Tuberculosis

(a) Incidence and mortality

The accompanying statistics show that there was a further fall during the year, both in new notifications and in deaths. The figures for the past ten years are included for comparison.

Analysis of the new notifications shows that the decline during the same period has been steepest in the 15-24 and 25-64 age groups; during the last four years the number of new notifications of patients aged 65 and over has actually increased. These trends are illustrated in the accompanying graph. It is, however, likely that the large number of notifications in the elderly reflects improved case-finding rather than an increase in the actual number of tuberculous persons in the community.

There is evidence that it is the undiagnosed elderly tuberculous person who is the source of much infection; to the extent that the large number of elderly patients discovered and rendered non-infectious by treatment may represent a decrease in the number of infectious persons in the community, the increased number of notifications is to be welcomed.

One of the notifications received was of a girl aged 14 who contracted tuberculous meningitis. On routine testing at school in 1963, she had a grade 3 Heaf reaction, but chest x-ray examinations shortly afterwards and a year later were negative. Two of her uncles were known to have suffered from respiratory tuberculosis and it is probable that she had been infected by one of them several years before. This case illustrates the importance of careful follow-up over a period of years of strongly positive reactors.

NEW NOTIFICATIONS OF TUBERCULOSIS

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1957	118	78	196	9	16	25	127	94	221
1958	124	70	194	4	21	25	128	91	219
1959	118	67	185	10	13	23	128	80	208
1960	108	45	153	13	12	25	121	57	178
1961	77	40	117	9	14	23	86	54	140
1962	79	40	119	7	3	10	86	43	129
1963	63	39	102	11	9	20	74	48	122
1964	68	32	100	12	8	20	80	40	120
1965	49	28	77	4	8	12	53	36	89
1966	46	22	68	3	9	12	49	31	80

ANALYSIS OF NOTIFICATIONS OF TUBERCULOSIS

Age group	Year									
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
0 - 14	23	22	13	20	9	13	10	8	8	7
15 - 24	37	30	26	9	17	12	18	11	9	8
25 - 64	136	150	131	122	97	82	81	81	53	40
65+ ,	23	18	38	27	17	22	13	15	17	20
Totals	219	220	208	178	140	129	122	115	90	75

NOTIFICATION RATES (PER 100,000 POPULATION)
(based on 1961 census population)

Age group	Year									
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
0 - 14	32.0	30.6	18.08	27.8	12.5	18.08	13.9	11.1	12.5	10.0
15 - 24	92.5	75.0	65.0	22.5	42.5	30.0	45.0	27.5	27.5	20.0
25 - 64	77.7	85.7	74.08	70.0	55.4	46.8	46.3	46.3	30.3	22.8
65+	43.4	30.0	71.7	51.0	32.0	41.0	24.5	28.3	32.0	37.7
All ages	64.7	64.7	61.2	52.3	41.2	37.9	38.8	33.8	26.4	22.0

MORTALITY FROM TUBERCULOSIS

	Deaths CORNWALL			Death Rates CORNWALL			ENGLAND & WALES		
	Respir- atory	Other Farms	All Farms	Respir- atory	Other Farms	All Farms	Respir- atory	Other Farms	All Farms
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13	0.09	0.01	0.10
1959	20	5	25	0.06	0.01	0.07	0.08	0.01	0.09
1960	20	2	22	0.06	0.005	0.06	0.07	0.01	0.08
1961	19	4	23	0.06	0.01	0.07	0.07	0.01	0.08
1962	16	4	20	0.05	0.01	0.06	0.06	0.01	0.07
1963	25	2	27	0.07	0.005	0.075	0.055	0.01	0.06
1964	18	1	19	0.05	0.003	0.05	0.05	0.01	0.05
1965	16	2	18	0.05	0.006	0.05	0.042	0.006	0.048
1966	12	3	15	0.034	0.009	0.043			

(b) Tuberculin testing and B.C.G. Vaccination

(i) Schoolchildren and Students

In accordance with previous policy, tuberculin testing, using the Heaf test, and B.C.G. vaccination were offered to all 11 year old school children, a small number of older children who had not been tested previously, and students attending Cornwall Technical College.

Of 5,736 school children over the age of 11 who were

offered the test during the year, 4,812 were tested and 4,570 attended for test-reading. 3,786 children were found to be tuberculin negative, i.e. requiring protection with B.C.G., and 3,767 of these were vaccinated.

The overall tuberculin reactor rate in this series was 17.16%, but this includes children who had previously received B.C.G. vaccination. When these are excluded, the rate is reduced to 4.04%. Most of the positive reactions however were weak (Grade 1 Heaf) and there is now growing evidence that these may not be the result of tuberculous infection. If these weak reactors are also excluded, the reactor rate is reduced to 1.64%. This appears to be the most accurate estimate which can at present be made of the prevalence of past or present subclinical infection among children of this age-group in Cornwall in 1966. Although this is a remarkably low percentage in comparison with those prevailing in previous years, the fact that it represents at least 75 children infected by persons presumably suffering from undiagnosed infectious tuberculosis underlines the need for the continual vigilance of our preventive services. Fortunately, none of these children showed x-ray evidence of active lung disease.

Attempts were made to persuade contacts of children with Grade 3 and 4 reactions to have chest x-ray examinations. These efforts were not always successful but at least one new case of infectious respiratory tuberculosis came to light as a result of a chest x-ray examination so arranged. Further follow-up of the new patient's contacts resulted in the discovery of two children suffering from primary tuberculosis.

Grade 3 and 4 reactors now form a very small proportion of positive reactors and a careful search for persons suffering from infectious tuberculosis among their contacts should present no great difficulty. The example given shows that it may sometimes be well worth-while.

(ii) Contacts

Children and other persons in contact with patients newly diagnosed at the Regional Hospital Board chest clinics are offered tuberculin testing and if appropriate B.C.G. vaccination. During the year 712 contacts were tested and of the 477 found negative, 426 received B.C.G. vaccination.

MASS RADIOGRAPHY SERVICE

Report on X-Ray Examinations of Cornish Residents during 1966

	Male	Female	Total
Number of persons examined	7,557	6,205	13,762

Incidence of DiseaseCases of Pulmonary Tuberculosis:

(a) Requiring treatment	15
(b) Requiring observation	8
(c) Inactive cases	201

Other Non-Tuberculous Conditions:

Bronchial Carcinoma	13
Other Malignant Neoplasms	1
Non-Malignant Neoplasms, including enlargement of the Thyroid	5
Sarcoidosis	4
Cardio-Vascular Disease - Congenital	10
Cardio-Vascular Disease - Acquired	56
Pneumoconiosis - simple	9
Bronchiectasis	5
Pulmonary infections, including all types of Pneumonia and Fungus Infections	29
Bronchitis and Emphysema	125
Abnormalities of the Diaphragm and Oesophagus	11
Other significant abnormalities	25
Others of no clinical significance	164

Analysis by Age and Sex of cases of Pulmonary
Tuberculosis Requiring Treatment

Age	Male	Female	Total
Under 15 years	-	1	1
15/24	3	2	5
25/34	1	1	2
35/44	2	-	2
45/59	2	3	5
Total	8	7	15

Analysis by Survey Group of Cases of
Pulmonary Tuberculosis Requiring Treatment

Survey Group	Number Examined	Pulmonary Tuberculosis
General Practitioner Referrals	1,196	1
Schoolchildren	473	
Tuberculin Positive Reactors	301	1
Contact Groups	307	
Contacts to Tuberculin Positive Reactors	10	
Occupational Surveys	106	
Firms & Factories	3,538	3
Students	903	1
Hospital Staff	22	
Schools Staff	160	1
Prisons & Homes for the Aged, etc.	51	
General Public	6,694	8
Ante Natal Cases	1	
TOTAL	13,762	15

Domiciliary Chiropody

208 elderly, housebound patients were brought into the scheme during 1966, and 157 cases were removed from the register through death, admission to hospital, or removal from district. At the end of the year there were 494 patients receiving domiciliary treatment.

No further priority groups were brought into the scheme during the year, but as mentioned in my report last year this service is under regular review.

DOMESTIC HELP SERVICE

The day to day supervision and organisation of the Service has been undertaken by the Women's Royal Voluntary Service and thanks are again due to Lady Carew-Pole and the Women's Royal Voluntary Service for all the help they have given. Apart from the County Home Help Organiser and the Headquarters staff, there are 2 paid Organisers in the field, one in area 2 and one in area 4.

The Good Neighbour Scheme continues under the supervision of the Women's Royal Voluntary Service and the Ministry of Social Security (formerly National Assistance Board).

In addition a new Service has been started, the Neighbourly Help Service. In this a near neighbour is engaged to care for an elderly person and is paid a flat-rate of £1.10s.0d per week. For this she sees the old person gets up in the morning, has a midday meal and gets to bed at night with a hot drink and hot water bottle as necessary, in addition to assistance with general household duties and shopping. The householder completes the usual forms and is assessed to pay in the same way as Home Help cases. This Service can provide great assistance for elderly incapacitated people who need help at intervals during the day and there are 10 households being helped in this way.

Recruitment has eased in some parts of the County, but has become difficult in others where there had been no problem previously, due to the opening of factories. It remains to be seen whether or not the Selective Employment Tax which resulted in the laying off of hotel workers earlier than usual last season will affect the Home Help service during the coming season. The Voluntary Organiser in area 1 has been off duty for some time on health grounds. During the five years she has been responsible for the organisation there was a considerable expansion of the Service in that area. Up to the present it has only been possible to find a Voluntary Organiser for part of the area, the remainder being supervised by the County Home Help Organiser.

Meetings of Home Helps have been held from time to time in areas 2 and 4 when talks have been given by various speakers on subjects of interest and benefit to the Home Helps in their work. It is not easy to arrange these sessions as Home Helps find it increasingly difficult to attend owing to the infrequent bus service in many districts.

The County Home Help Organiser attended the annual course arranged by the Institute of Home Help Organisers. The speakers covered a wide range of subjects and it was both interesting and beneficial. In particular the talk by an officer from the Ministry of Social Security which explained the change over from the National Assistance Board to the Ministry of Social Security was most enlightening as broadly speaking the assessments for the Home Help Service are based on the same scale.

Demand for the Service shows an increase in the number of cases over 65 years of age and a decrease in maternity cases, the latter probably due to the opening of a Maternity Unit in St. Austell.

Free Home Help has continued to assist Problem Families and women suffering from toxæmia of pregnancy and other conditions requiring complete bedrest prior to confinement. Fifteen women suffering from toxæmia of pregnancy have received Free Home Help.

Home Helps Employed:

Persons Helped:

Under 65

Over 65

	Whole time	Part time	Spare time	Chronic sick & Tuber- culosis	Mentally Dis- ordered	Mater- nity	Others	
Area 1	1	3	65	20	1	4	4	199
Area 2	1	25	29	31	1	27	59	224
Area 3	8	5	35	3	-	43	13	254
Area 4	-	5	41	12	1	18	21	151
Area 5	-	1	23	6	-	9	10	66
Area 6	-	1	52	12	1	11	8	99
Area 7	-	-	59	17	1	14	4	111
Resident	1	-	2	-	-	14	4	3
	11	40	306	101	5	140	123	1,107
	357			1,476				

The following table shows the work over the past four years

Year

Under 65

Over 65

	Equivalent No. of whole-time H.Hs.	Chronic sick & Tuber- culosis	Mentally Dis- ordered	Mater- nity	Others	Total
1963	135.3	125	3	194	170	1,368
1964	140.3	121	4	218	155	1,474
1965	147.6	108	5	150	109	1,471
1966	146.0	101	5	140	123	1,476

MENTAL HEALTH

1. Administration

(a) Committee

A Mental Health Sub-Committee of the Health Committee is responsible for the administration of the Mental Health Services. Two co-opted members represent the two Societies for the Mentally Handicapped in the County. Meetings are held at quarterly intervals.

(b) (i) Staff

The staff of the Mental Health Service at the 31st December, 1966 was as follows:-

County Mental Health Officer	1
Assistant County Mental Health Officer	1
Organiser of Training Services	1
Mental Welfare Officers/Social Workers	18
Instructors of Mentally Disordered adults	12
Teachers of Mentally Handicapped children	13
Wardens and Assistant Wardens of hostels	14

The lay administration and supervision of the Service is the responsibility of the County Mental Health Officer. Advice on medical and clinical aspects is provided by the Medical Superintendents of the psychiatric hospitals for the mentally ill and the sub-normal, and the School Medical and Dental Officers provide a full range of services for children living in the Community but excluded from the Education system.

(ii) Training of Staff

The secondment of staff to undertake professional training has continued, and this policy is now showing results. Three members of the social work staff have returned to duty after successfully completing the two year course for the Certificate in Social Work, and a fourth completes his training in 1967. A more senior member of the field staff has been accepted for the one year course and will commence this, next year. A Trainee Teacher of mentally handicapped children has completed her first year of the two year Diploma course, and when she returns to duty a second Trainee will be seconded. All staff are paid their full salaries and expenses whilst undergoing training.

In service training has continued, with attendances at refresher courses in various parts of the Country. In addition, a series of linked weekend seminars have been organised in conjunction with the Children's Department, under the auspices of the University of the South West. These have been attended by staff from the main social work agencies in Cornwall.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees

The close liaison which has existed for many years between the Local Authority and Hospital Services has continued. Joint meetings are held whenever necessary, and there is continuous contact at Officer level. The Mental Welfare Officers of the County Council work in Clinical teams with the Consultant Psychiatrists on the staff of St. Lawrence's Hospital, and five female members of these teams work part time with in-patients at the Hospital. Case conferences are held regularly. During the year a Liaison Committee has been established between the South Western Regional Hospital Board, the Executive Council for Cornwall, and the County Council. So far, one meeting has been held.

The Medical Superintendent of the Royal Western Counties Hospital holds out-patient clinics within the County, to deal specifically with the problems of the mentally retarded. These Clinics are organised and staffed by the Local Authority.

(d) Duties delegated to Voluntary Associations

The Voluntary Associations in Cornwall give a great deal of assistance to the Mental Health Services, although no statutory duties are delegated to them. They have helped in the formation and running of psychiatric social clubs, and devote a great deal of their energies to services for Hospital patients. The two Societies for the Mentally Handicapped deserve special mention from the Local Authority viewpoint. They play a vital part in breaking down the barriers of society by holding frequent public meetings, where all aspects of mental disorder are discussed. They support Training Centres and Hostels in a variety of ways, and what is extremely important, they work in harmony with us.

2. Account of Work undertaken in the Community

(a) Prevention of Mental Illness, Care and After-Care

Since 1951, when statistics were first prepared in the present form, there has been a steady annual rise in the number of Cornish patients admitted to Psychiatric Hospitals for the mentally ill. This number was 593 in 1951, and apart from a slight fall in 1959, climbed steadily to 1,512 admissions in 1964.

During the year 1965 the rapid increase was checked, with 1,513 admissions, and the figure for 1966 has dropped slightly to 1,482. It is too early to state that the admission rate has now reached it's peak, but there is a general feeling among those in touch with the problem, that this may, in fact, be the case.

In considering the pattern of the last 15 years, there seems no evidence to suggest that an increase in the incidence of mental illness is the cause of the rise in hospital admissions. The reason would seem to lie in several facts, the main being the emergence of psychiatry as part of the established Health Services of the Country, and far more public understanding and awareness of the problem. Improved Hospital and out-patient services, with modern and effective methods of treatment have combined to encourage people to accept help. Whilst all patients entering psychiatric Hospitals are mentally ill in the wide sense of the word, many do not now suffer from text book classifications of psychiatric disorder, but are desperately unhappy people seeking help because of a breakdown in community relationships. These would appear to be some of the factors which have caused a greatly increased demand on the psychiatric services since the inception of the National Health Service.

The Mental Welfare Officers and Social Workers on the Local Authority staff have combined effectively with the staff of St. Lawrence's Hospital to provide a most valuable care and after care service. Social work is the foundation upon which all our community services for the mentally disordered must be built, and the County Council has wisely recognised this. The present staffing ratio in Cornwall of 0.05 social workers per 1,000 population is not only realistic, but well above the average for the Country. Our experience in this respect has proved that the demand for social work cannot be assessed with any accuracy until the staff are appointed, but when this is done, the demand is immediate. During the year 594 new cases

were referred for after-care and at the end of December, 808 psychiatric patients were receiving help and support in the community. A glance at the statistics at the end of this section of the report will show that 64% of this number were women. In total some 17,500 visits were made to the homes of mentally disordered persons.

The two Psychiatric Social Clubs at Falmouth and Redruth have had a successful year, holding weekly meetings, and a third club has been started by the Mental Health staff at Penzance.

(b) Initial Proceedings by Mental Welfare Officers

The Mental Welfare Officers personally admitted to Hospital a total of 1,186 patients during the year, and of these, 829 entered Hospital on an informal basis. The Mental Welfare Officer has a Statutory duty under the Mental Health Act in respect of persons requiring compulsory admission but the tremendous amount of work done outside the statutory requirements in relation to informal patients clearly illustrates how closely the Mental Welfare Officers are involved with all aspects of mental health, and how much General Practitioners and others rely upon them. Early contact with patients before they enter hospital, the personal attention at the time of admission, and keeping in touch during the stay in Hospital build a relationship between Mental Welfare Officer and patient upon which rests the effectiveness of after-care work. The Mental Welfare Officers operate a rota system of duty and the County is covered for emergencies at all times outside normal office hours. This is an exacting service where the onerous nature of statutory duties interferes considerably with normal family life.

(c) The Subnormal and Severely Subnormal

(i) Ascertainment and Community Care

During the year 30 children were reported by the Education Authority as unsuitable for education at School, and a further 23 backward school leavers were referred for follow up and guidance. 47 patients were notified from various other sources, such as General Practitioners, Children's Department, Police, etc. Total referrals during the year were at about the usual average number, and at the 31st December, 812 sub-normal and severely sub-normal children and adults were receiving active follow up by the social work staff.

It has been apparent for some time, however, that whilst

this supportive service has met an essential and developing need for many years, the majority of severely sub-normal children are not referred until they reach the age of 4 to 5 years. It is prior to this that the parents need the maximum amount of skilled support and advice, from someone directly connected with the Mental Health Services. A pilot scheme has been started to provide a counselling service for the parents of young mentally handicapped children, and Mrs. R. M. Blake, Organiser of Training on the Mental Health staff is undertaking this work. Her background of training and experience is ideal for this purpose.

As soon as a definite diagnosis of arrested development is made, usually during the first year of life, the Counsellor visits the home in company of the Health Visitor concerned with the family, and advises on development, management and training. The child's future can be discussed on a realistic basis and the parents given up to date information on Training Centre and Hospital facilities. Follow up visits are made, as necessary, depending upon the needs of the family. There is every indication that the new scheme is meeting a real need, and will prove a valuable contribution to the growing services for the mentally handicapped of Cornwall. Quite apart from this, it will give an advance warning of future demands on Training Centre, Hostel and Hospital Services.

There has been some improvement during the year in the provision of Hospital accommodation, with a small number of additional beds at Franklyn Hospital, Exeter, and Budock Hospital, Falmouth. Whilst the overall numbers on the waiting list for accommodation remain almost identical to the previous year, several very urgent cases have been admitted, and the pressure has eased. There is every indication, however, that this is a temporary respite, as the Counselling Service is already bringing to light urgent social problems needing Hospital beds for solution. On a more hopeful note, the proposed 30 bedded Hospital Unit to be built at St. Blazey, now has a definite place in the building programme of the South Western Regional Hospital Board, and it is hoped that work on this project will commence next year.

(ii) Training

237 children and adults are now receiving training in Centres provided by the County Council and a waiting list is forming for some of these units. Work is starting, however, on a 60 place

Work Therapy Unit at Redruth, and when this comes into operation in 1968, the situation will be eased generally. The new unit will cater for the higher levels of subnormality and some of the mildly mentally ill, and will be supported by hostel accommodation.

In addition to the Work Therapy Unit, it is hoped to commence work on a new Adult Training Centre, adjoining this Unit during 1967/68, and this will enable the whole of the present Cumow Training Centre, at present accommodating Juniors and Adults, to be turned over completely to Juniors. Facilities will be available for 90 to 100 children, with domestic training and craftrooms. A 25 place hostel to support the increased provision for Juniors is planned for 1968/69.

There is an increasing tendency in the Junior Centres for the growth of a very small group of children who do not fit into the accepted pattern of the Centre. These children are generally referred by the Child Guidance Service, cannot be managed satisfactorily in their own homes, and are too disruptive in the Education System. Whilst they may be retarded intellectually, they are above the general average level of the Centre and certainly require special tuition. At the present time a group of this sort has formed in the Cumow Centre at Redruth, and the Head Teacher is providing special teaching for them on a daily basis, under the guidance of an Educational Psychologist. Ideally a class of this type should be the responsibility of a fully trained teacher, and this must be borne in mind when future developments take place.

(iii) Hostels

The three residential Hostels, supporting Junior and Adult Training Centres have had a very successful year. It is quite certain that training would not be available to the more remote areas, without residential provision, but apart from this, some trainees require hostel care where there are problems in the home, or other adverse factors exist. The present Hostels close during Training Centre holidays, and this does give rise to some problems, where, for instance, residents have no family home. Up to the present, lodgings or some other alternative has been available.

Construction of the fourth Hostel is about to commence, and this will be built in conjunction with the new Work Therapy Unit at Redruth. The Hostel will be the first in Cornwall for adults of both

sexes, and whilst it is designed for 15 men and 10 women, a slight degree of variation in this ratio will be possible, if required. It is evident that the Hostel must remain open on a full-time basis, and as it will cater for the mildly mentally ill as well as the higher grades of subnormality, it will give the opportunity for some experiment. Hostel accommodation for the younger mentally ill patient is still somewhat uncertain, and the new project at Redruth will enable a much closer assessment to be made of the need.

Mental Health Statistics at 31st December, 1966

(The figures in brackets indicate the numbers at 31.12.1965)

A. Hospital Care

(a) Mental Illness

(i) Admissions during the year by Mental Welfare Officers

Name of Hospital	Informal		Section 25		Section 29		Section 26		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	314 (296)	514 (512)	24 (33)	49 (36)	93 (99)	176 (174)	6 (6)	9 (12)	- (1)	- (1)	437 (435)	748 (735)
Moorhaven Hospital, Devon.	- (3)	1 (3)	-	(1)	-	-	-	-	-	-	- (3)	1 (4)
	314 (299)	515 (515)	24 (33)	49 (37)	93 (99)	176 (174)	6 (6)	9 (12)	- (1)	- (1)	437 (438)	749 (739)

Total admissions during 1966 by Mental Welfare Officers: 1,186 (1,177)

(ii) Admissions of Cornish patients during the year from all sources

Name of Hospital	Informal		Section 25		Section 29		Section 26		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	399 (408)	716 (708)	24 (33)	49 (36)	93 (100)	176 (174)	6 (7)	9 (12)	- (4)	- (1)	522 (552)	950 (931)
Moorhaven Hospital, Devon.	3 (6)	5 (22)	-	(1)	(1)	-	-	-	-	-	5 (7)	5 (23)
	402 (414)	721 (730)	24 (33)	49 (37)	95 (101)	176 (174)	6 (7)	9 (12)	(4)	(1)	527 (559)	955 (954)

Total admissions during 1966 of Cornish patients: 1,482 (1,513)

(iii) Admissions of Cornish Patients aged 65 years and over to St. Lawrence's Hospital during the year.
(These figures are included in the numbers given under (ii))

Informal		Section 25		Section 29		Section 26		Court Cases		Total	
M	F	M	F	M	F	M	F	M	F	M	F
86 (102)	197 (198)	7 (14)	17 (17)	23 (29)	34 (35)	- (2)	4 (5)	- (1)	-	116 (148)	252 (255)

(iv) Number of Cornish patients in Hospitals on 31st December, 1966

Name of Hospital	M	F	Total
St. Lawrence's Hospital, Bodmin.	466 (466)	691 (670)	1,157 (1,136)
Moorhaven Hospital, Devon.	5 (4)	18 (26)	23 (30)
	471 (470)	709 (696)	1,180 (1,166)

(b) Subnormality and severe subnormality
(i) Admissions during the year

Name of Hospital	Informal		Sections 25 and 29		Section 26		Court Orders		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	16 (6)	21 (8)	- (-)	1 (-)	2 (-)	- (-)	6 (14)	2 (1)	24 (20)	24 (9)
Other Hospitals and Approved Homes	7 (2)	1 (3)	- (-)	- (-)	- (-)	- (-)	- (1)	- (-)	7 (3)	1 (3)
	23 (8)	22 (11)	- (-)	1 (-)	2 (-)	- (-)	6 (15)	2 (1)	31 (23)	25 (12)
Total admissions during 1966: 56 (35)										

(In addition to these figures 10 males and 10 females were admitted for temporary care)

(ii) Patients in Hospitals (including patients on leave)

Name of Hospital	M	F	Total
Royal Western Counties Hospital Group	220 (216)	183 (164)	403 (380)
Other Hospitals	94 (91)	40 (45)	134 (136)
	314 (307)	223 (209)	537 (516)

(iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16 years			
(a) Cot and chair cases			
(b) Ambulant low grade cases	2 (1)	3 (3)	5 (4)
(c) Medium grade cases	3 (1)	2 (1)	5 (2)
(d) High grade cases	3 (4)	- (-)	3 (4)
(2) Under the age of 16 years			
(a) Cot and chair cases	8 (11)	6 (8)	14 (19)
(b) Ambulant low grade cases	- (3)	1 (-)	1 (3)
(c) Medium grade cases	4 (1)	- (-)	4 (1)
(d) High grade cases			
	20 (21)	12 (12)	32 (33)

(These figures include 7 males and 4 females of cot and chair grade under the age of 16 years at present in an Approved Home. Four of these patients are over age for transfer.)

B. Community Care

(a) Mental Illness

	M	F	Total
Receiving after care visitation	290 (177)	518 (426)	808 (603)

(b) Subnormality and severe subnormality

(i) Number of new cases reported during the year

How reported	M	F	Total
(1) Notified by the Education Committee: Education Act, 1944.			
(a) Children unsuitable for education at school.	13 (17)	17 (9)	30 (26)
(b) School leavers reported informally.	11 (10)	12 (12)	23 (22)
(2) Reported from other sources	23 (28)	24 (21)	47 (49)
	47 (55)	53 (42)	100 (97)

(ii) Number of patients under care on 31.12.66

	M	F	Total
(1) Under informal care	427 (443)	383 (362)	810 (805)
(2) Under Guardianship	- (-)	- (-)	- (-)
(3) On leave from Hospitals	1 (1)	1 (2)	2 (3)
	428 (444)	384 (364)	812 (808)

(iii) Number of patients receiving training at 31.12.66

	M	F	Total
Curnow Training Centre, Redruth			
(a) Junior Department	34 (40)	27 (24)	61 (64)
(b) Adult Department	30 (31)	32 (32)	62 (63)
Blantyre Training Centre, St. Austell			
(a) Day Trainees	15 (14)	12 (11)	27 (25)
(b) Hostel Residents	20 (20)	14 (16)	34 (36)
Doubletrees Training Centre, Penarwyn, St. Blazey			
(a) Day Trainees	9 (6)	12 (12)	21 (18)
(b) Hostel Residents	17 (18)	13 (8)	30 (26)
Home Teaching cases	1 (-)	1 (1)	2 (1)
Training centres run by other Local Authorities	- (1)	- (-)	- (1)
	126 (130)	111 (104)	237 (234)



Woodland House, St. Austell

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation for the Elderly

As considerable changes are foreshadowed for the welfare services as a whole, either by reason of the decision of the County Council to merge the Welfare and Mental Health Sections of the Health Department, or because of the implementation of the report of the Seeborn Committee which is expected in the middle of 1967, it is, perhaps, not inappropriate to consider the development of the welfare services since their inception in their modern form in July, 1948, so that the present position may be the spring-board for the future developments of the services under the new regime.

In 1948, the number of persons in the care of the County Council, including some children, was 244. At the 31st December, 1966, that number had increased to 990. There was no residential accommodation in the County in its modern form in 1948 except two beds in a small voluntary home which had just opened and the County Council at that time relied entirely upon the old Public Assistance Institutions in various parts of the County - and what grim places they were! The last of the old workhouses (Sedgemoor Priory) under the control of the County Council, closed in 1966 and there is now only one in the County, namely Lamellion Hospital, Liskeard, which is under the administration of the Regional Hospital Board and plans have already been made to replace this with two purpose-built Homes at Callington and Liskeard which will be opened, it is hoped, in 1968 or 1969. Instead of these old workhouses, there are now fifteen modern residential homes for the elderly including six purpose-built Homes and the building of another in Truro will be completed by the end of 1967. Of the six purpose-built Homes, two are special Homes, one, Blackwood House at Camborne is for the physically frail; and another, The Green, Redruth, was provided for the mentally frail.

Only two of the Homes were provided prior to 1954, and despite a succession of governmental financial crises, there has been a gradual acceleration in the provision of such accommodation.

In addition to the County Council residential Homes

mentioned above, there are six Voluntary Homes at Bude, St. Austell, Liskeard, Perranporth, St. Agnes and Truro, but of these, the County Council will be asked to assume responsibility for the Epiphany Home at St. Agnes as from the 1st April, 1967. All of these Homes have provided a high degree of comfort, have been well run and every endeavour is made to make the residents happy.

The following is a return of persons in Welfare accommodation at 31st December, 1966:-

Establishment	Men	Women	Children	Total
<u>Joint User Establishment</u>				
Lamellion Hospital, Liskeard	27	38	-	65
<u>Residential Homes</u>				
St. Michael's, Penzance	12	26	-	38
Endsleigh, Newquay	26	-	-	26
Polvellan, Looe	10	25	-	35
Cliffe House, Falmouth	8	16	-	24
Carew House, Hayle	22	15	-	37
St. Hilary, Bude	21	12	-	33
Penberthy House, Newquay	11	34	-	45
Headlands, Carbis Bay	7	28	-	35
Blackwood House, Camborne	15	42	-	57
St. Anne's, Saltash	13	23	-	36
The Green, Redruth	5	40	-	45
Woodland House, St. Austell	20	26	-	46
Athelstan House, Bodmin	15	33	-	48
St. Breock, Wadebridge	15	30	-	45
<u>Voluntary Homes</u>				
Bude Eventide Home	3	6	-	9
Caprera, St. Austell	6	20	-	26
Liskeard Eventide Home	-	12	-	12
Perran Bay Hotel, Perranporth	8	26	-	34
Epiphany Home, St. Agnes	14	16	-	30
Rosewin Home, Truro	-	23	-	23
St. Teresa's, Penzance	8	14	-	22
Ex-Officers' Home, Bishopsteignton	1	-	-	1
	267	505	-	772

Establishment	Men	Women	Children	Total
<u>Voluntary Homes (cont'd)</u>				
St. Mary's, Bovey Tracey	-	1	-	1
Cann House, Tamerton Foliot	2	1	-	3
Distressed Gentlefolk's Home, Tunbridge Wells	-	1	-	1
Rockleaze, Dousland, Yelverton	-	1	-	1
Dunmore, Bradninch	1	-	-	1
Henry Radcliffe House, Limpsfield	1	-	-	1
Belvedere Home, Kent	1	-	-	1
Terrill House, Clifton, Bristol	-	1	-	1
Primley House, Paignton	-	1	-	1
Elphick House, Bristol	1	-	-	1
Southall-Norwood Eventide Home	-	1	-	1
Singholm, Walton-on-Naze	-	1	-	1
Astor Hall, Plymouth	-	1	-	1
	273	514	-	787
<u>Blind Homes</u>				
Malabar, Truro	4	23	-	27
Torr, Plymouth	3	8	-	11
<u>Epileptic Colonies</u>				
Chalfont, Bucks	1	2	-	3
David Lewis, Cheshire	-	1	-	1
Maghull Homes, Liverpool	1	-	-	1
Lingfield Hospital School	1	-	-	1
<u>Special Homes for Spastics, etc.</u>				
Prested Hall, Faering Ponds, Seer Green	-	1	-	1
	-	2	-	2
Horder Centre for Arthritics	-	1	-	1
Coombe Farm, Croydon	1	-	-	1
	17	45	-	62

Establishment	Men	Women	Children	Total
<u>Homes Provided by Other Authorities</u>				
Bedford C.C.	-	1	-	1
Devon C.C.	2	1	-	3
Plymouth C.B.C.	4	1	-	5
Warwickshire C.C.	-	1	-	1
Northumberland C.C.	-	1	-	1
Worcester C.C.	-	1	-	1
Bradford C.B.C.	-	1	-	1
	6	7	-	13
<u>Temporary Accommodation</u>				
3, St. Saviour's Terrace, Polruan	1	2	7	10
Hostel, 17 North Street, St. Austell	1	2	10	13
Caravan at United Downs, St. Day	1	1	2	4
Old Isolation Hospital, Goss Moor	1	1	-	2
45 Slades Road, St. Austell	1	1	6	8
Shirley House, Carharrack	1	1	9	11
10 & 12 Church Street, Tywardreath	2	2	10	14
Hurstocks, Cardinham	1	1	-	2
Caravan at Penwithick	-	1	2	3
Willerby Caravan, Pool	-	-	-	-
Old Police Station, Camborne	1	4	15	20
21 & 23 High Street, Camelford	2	2	8	12
8 Quay Hill, Falmouth	-	1	6	7
11 Treslothan Road, Troon	1	1	7	9
25 Queen Street, Penzance	1	1	7	9
Sedgemoor Priory, St. Austell	3	3	11	17
	17	24	100	141
GRAND TOTAL	307	583	100	990
Less Chargeable to other Authorities	3	12	-	15
	304	571	100	975

The figures on page 87 in Residential Accommodation on the 31st December, 1966, are made up of the following age groups.

<u>Age Group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 30	3	4	7
30-49	8	12	20
50-64	<u>30</u>	<u>45</u>	<u>75</u>
Total under 65	<u>41</u>	<u>61</u>	<u>102</u>
65-74	75	93	168
75-84	106	240	346
85 and over	<u>62</u>	<u>158</u>	<u>220</u>
Total over 65	<u>243</u>	<u>491</u>	<u>734</u>
Total all Ages	<u>284</u>	<u>552</u>	<u>836</u>

The following tables give analyses of persons in residential accommodation on 31st December, 1966 by major disability

(1) Persons under 65 years of age

<u>Major Disability</u>	<u>Total</u>
Blind	12
Deaf	1
Epileptic	9
Physically handicapped	39
Mentally subnormal	13
Mentally ill	5
Others	23
	<u>102</u>

(2) Persons of 65 years of age and over

<u>Major Disability</u>	<u>Total</u>
Blind	68
Deaf	32
Epileptic	7
Mentally handicapped	87
Others	540
	<u>734</u>

Registration of Old Persons' and Disabled Persons' Homes
Section 37-40 of the National Assistance Act, 1948)

Types of Home	<u>Homes on the Register on the night of 31.12.66.</u>		
	Number of Homes		
	<u>Voluntary</u>	<u>Private</u>	<u>Total</u>
Number of Homes for Old and Disabled Persons	9	32	41
Number of Residents at 31.12.66	260	291	551

2. Special Housing for Old People

(a) In 1958, the County Council instituted a scheme to encourage housing authorities to provide special housing (i.e. bungalows, flats, etc.) for elderly people and undertook to make unitary grants where welfare services are available. The only conditions for attracting such grants are (1) that the only persons living in such houses are over pensionable age (i.e. 60 in the case

of women and 65 for men) (but this condition is relaxed in the case of handicapped persons); (2) that welfare services are provided consisting, at least, of a Warden and bell system. Many of the housing authorities provide much more than the minimum requirements e.g. (a) digging of gardens (b) interior decoration (c) Chiropody (d) Hot meals and one authority has installed an inter-communicating system as an extension of the normal bell system.

At the end of 1966, over 1,000 units of accommodation under this scheme had been provided in the County and the scheme is gathering impetus as the years proceed.

(b) The District Councils, as Housing Authorities, continue to co-operate with the County Council in the care of the elderly by providing special housing (bungalows, flats, etc.) in the County where welfare facilities are provided and the number of such housing units now stands at the excellent figure of 1069. The County Council as the welfare authority has always held that it is much better for the elderly to stay in their own homes as long as possible and that Residential Accommodation should only be used as a last resort and the County Council, therefore, welcome this very valuable provision made by the Housing Authorities. The scheme already approved by the County Council is as follows:-

<u>Housing Authorities</u>		<u>No. of Housing Units</u>
Truro R.D.C.	Portscatho	12 bungalows
	Mylor Bridge	8 "
	St. Agnes	12 "
	Goonhavern	8 "
	Perran-ar-worthal	8 "
	Veryan	6 "
	Carnon Crescent,	
	Carnon Downs	6 "
	St. Just-in-Roseland,	
	Harbour View	6 "
	Frogpool	8 "
	Mount Hawke	6 "
	Kea	6 "
	Perranporth	10 flatlets
	Flushing	8 "
	Chacewater	6 bungalows

<u>Housing Authorities</u>		<u>No. of Housing Units</u>
<u>Falmouth Borough Council</u>	Chy-an-Mor, Falmouth	18 flats
<u>Launceston Borough Council</u>	Poltamar Estate	19 bungalows and flats
	Tower Street/Northgate Street	24 flats
<u>West Penwith R.D.C.</u>	Bodriggy Estate, Hayle	39 bungalows
	Lethlean Estate, Hayle	20 "
	Treloweth Estate, St. Erth	16 "
	St. Levan Close	20 "
	Millett Close, Boltern Road and St. Levan Rd.	22 "
	Chy-an-Gweal Estate, Ludgvan	16 "
	Queensway, Hayle	8 "
	Aldreath Close, Madron	12 "
	Parc-an-Cady, St. Buryan	8 "
	Atlantic Crescent, Sennen	10 "
	Loggans Close, Hayle	10 "
<u>Newquay U.D.C.</u>	St. Piran's Road, Newquay	12 flats
	Porth Bean Road, Newquay	12 flats and 1 bungalow
<u>Liskeard Borough Council</u>	Lake Lane, Liskeard	107 bungalows and flats
<u>St. Ives Matthews Trust. St. Ives</u>		10 flats
<u>Wadebridge R.D.C.</u>	Mayfield Close, Port Isaac	14 bungalows
	Whiterock, Wadebridge	9 "
	West Park Estate	39 flats and bungalows
<u>Camelford R.D.</u>	Boscastle	6 bungalows
	Bossiney	6 "
	Camelford	7 flats, flatlets and houses

<u>Housing Authorities</u>		<u>No of Housing Units</u>
<u>Lostwithiel Borough</u>	Tangier	12 flats
<u>Penryn Borough</u>	St. Thomas Street	10 flats 1 house
<u>Saltash Borough</u>	Grenfell Avenue	37 flats
<u>Truro City</u>	Cook's Row	3 bungalows
	Baynard's Meadow	16 flats
	Carlyon Close	11 flats
	Festival Gardens	6 bungalows
	Lemon Row	4 "
	Tregear Gardens	20 flats
	Mitchell Hill	16 "
	Malpas Road	8 "
	Tregurra	16 bungalows
	Malabar	16 flats
	George Street	6 "
	Trelander Vean	12 bungalows
	Trelander Barton	38 flats and bungalows
	Malpas Estate	12 bungalows
<u>Penzance Borough</u>	Pendarves Flats	24 flats
<u>St. Ives Borough</u>	Trewyn Gardens	16 flats
	Meadow Site	17 flats and Maisonettes
<u>Kerrier R.D.C.</u>	Mullion	10 bungalows
	Constantine	10 "
	St. Keverne	6 "
	The Lizard	6 "
<u>St. Austell U.D.C.</u>	Poltair Court, St. Austell	11 houses
	Prince Charles Road	10 "
	Robartes Gardens	6 "
<u>Torpoint U.D.C.</u>	Queens Park Housing Estate	18 bungalows
<u>St. Austell R.D.C.</u>	South Park, St. Columb Major	14 bungalows
	St. Dennis	15 units
<u>Launceston R.D.C.</u>	Trevendon, Stokeclims- land	7 flats and bungalows
	Trelindon, South Pether- win	7 bungalows

<u>Housing Authorities</u>		<u>No. of Housing Units</u>
<u>Fowey Borough</u>	The Windmill	29 units
<u>Camborne-Redruth</u>		
<u>U.D.C.</u>	College Street	16 flats
<u>Abbeyfield Falmouth</u>	Western Terrace	5 flats
<u>Society</u>	Kings Avenue	6 flatlets
<u>West Cornwall</u>		
<u>Housing Association</u>	Alverton, Penzance	17 flats

(b) This scheme of grants for special housing has been extended to include persons who are so severely and permanently handicapped as to be unable to lead a normal life and have no-one resident with them who can give them adequate care and attention.

3. Meals on Wheels

There are 19 Meals on Wheels and one Luncheon Club operating in the County. The County Council provide, on loan, the equipment (hotlocks etc.) for the meals on wheels service and the local District Council usually makes a grant towards the running expenses, the transport being arranged by voluntary effort.

4. Chiropody

Arrangements have been made for the Residential Homes of the County Council to have the services of a trained chiropodist for one or two sessions in each month. In addition, 16 of the Old People's Welfare Committees in the County have arranged chiropody sessions for the members of old people's clubs. One or two committees have also arranged for domiciliary visits by the Chiropodists. Grants in respect of the provision of chiropody were made during the year to the following voluntary organisations:-

Truro Old People's Welfare Committee
 Lanteglos Old People's Welfare Committee
 Looe Branch Toc H
 Tregoney Seniors Red Cross Social Club
 St. Austell Old People's Welfare Committee
 St. Agnes Old People's Chiropody Service
 Wadebridge Advisory Committee for Old People's Welfare
 Helston Old People's Welfare Committee
 Par and District Old People's Welfare Association
 British Red Cross Society, Penzance.

5. Old People's Clubs

The numbers of old people's clubs in the County at 31st December, 1966, were as follows:-

W.V.S. Clubs	45
Red Cross Clubs	6
Miscellaneous Clubs	6

6. Handicapped Persons

Although section 29 of the National Assistance Act, 1948 gave the County Council power to make arrangements for providing for the welfare of persons who are substantially and permanently handicapped by illness, injury or congenital deformity and schemes were actually made in 1952 by the County Council, very little was done prior to 1955 except by voluntary associations such as the Red Cross. In 1955 however a scheme was commenced for assistance for handicapped persons, a Welfare Officer was appointed and a register of handicapped persons was compiled. Details of this register at the 31st December, 1966 are given below.

Houses have been altered to make them more convenient and comfortable for handicapped persons; "aids" of a variety of kinds have been provided on a "loan" basis and in each of the last few years between £1500 and £2000 have been spent in these ways. A list of aids supplied "on loan" in 1966 is as follows:-

AIDS PROVIDED TO HANDICAPPED PERSONS IN 1966

<u>Aid</u>	<u>Number provided</u>
Elbow Crutches	9
Bath Rails	18
Bath Seats	13
Bed Tables	4
Walking Frames	27
Lavatory Seats	4
Hoists	12
Penryn Patient Lifters	4
Mattresses	6
Powell Seats	2
Retriever Sticks	15
Sani chairs	-
Trolleys	1
Book rests	1
Tripod and Quadruped Walking Sticks	33
Seataids	4
Special chairs	4
Extra Hoist attachments	3
Commodes	9
Bed rests	1
Beds	6
Glass Urinals	6
Rubber Bedpans	2
Sheets and Pillows	4 sheets 5 pillows
Fork	1
Spoons	2
Nelson knives	1
Suction bowls	1
Crutch tips	1 pair
Combined knife and fork	2
Bedside rails	2
Portable Sucker	1
Hearing Aid	1
Foam Packs	1 set

The provision of a Home for handicapped persons is included in the ten year plan but in the meantime the County Council pay for two beds at St. Teresa's Marazion (whether they are occupied or not) so that they can be used to give handicapped persons holidays for two or more weeks. This means a holiday not only for the handicapped person but is also a welcome relief to the relatives who have been looking after them. Permanent vacancies at St. Teresa's are rare but the County Council is glad to be able to take advantage of them when they arise. Astor Hall at Plymouth is exceedingly good in helping us in this direction and we are able to find the occasional vacancy in other voluntary Homes.

Badges for disabled drivers are issued by the County Council for a period of three years and 69 badges were issued in 1966. It is believed that these badges are a great help to handicapped people and the Police and Local Authorities are most co-operative in granting facilities to cars bearing such badges.

As stated in the last report, the domiciliary welfare services for the blind came directly under the aegis of the welfare section as from the 1st April, 1966. Although the integration with the general welfare services has not been so complete as might have been hoped, nevertheless, there is a growing liaison with the District Welfare Officers in the different Health Areas. The Cornwall County Association for the Blind continues to function (although no longer responsible for the Social Welfare Officers formerly called Home Teachers for the Blind) and makes very welcome gifts and grants (a) to blind people on a personal basis e.g. holidays; and (b) for socials, outings, etc. and (c) is responsible for "Malabar", the Home for the Blind in Truro. The work and co-operation of the Association is invaluable.

CARE OF THE HANDICAPPED

Number of patients on register on 31.12.66.

Classification	Male			Female		
	16- 30	30- 50	Over 50	16- 30	30- 50	Over 50
A/E (1) Amputation	2	14	27	-	4	14
F (2) Arthritis and rheumatism	1	12	64	4	20	156
G(3) Congenital mal- formations and deformities	16	10	7	5	11	8
H/L (4) Diseases of the digestive and genito- urinary systems; of the heart or circulatory system; of the respirat- ory system; (other than T.B); and of the skin	30	42	114	20	9	32
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B) of the upper and lower limbs and of the spine	12	38	54	3	11	36

continued next page

Classification	Male			Female		
	16- 30	30- 50	Over 50	16- 30	30- 50	Over 50
V(6) Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	45	70	138	37	63	132
Epileptics) Included						
) in V						
) above	13	21	10	17	12	6
Spastics)	1	5	1	2	4	2
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6)	10	11	11	1	2	6
X(8) Tuberculosis	2	13	21	1	3	-
(9) Tuberculosis (non-respiratory)	5	5	5	4	4	3
Z(10) Diseases and injuries not specified above	16	5	11	8	1	8
Total	139	220	452	83	128	395
	811			606		

Family Welfare Service

Staff. Twelve Family Welfare Workers are employed throughout the County.

Resignations. Mrs. V. Calvert, who worked in Areas I and II resigned on 19.9.66 on account of ill health.

Appointments. Mrs. J. Bennett was appointed to Health Areas I and II on the 11th October, 1966.

Mrs. U. J. Clements was appointed to Health Area IV (Temporary Accommodation) on 1st November, 1966.

Mrs. V. Rogers was appointed to Health Area II (chiefly Temporary Accommodation) on the 17th October, 1966.

Transfer. Mrs. H. Collins has been transferred from Health Area IV (Temporary Accommodation) to Health Area III.

Concerning Families Under Supervision in 1966

Number of families being supervised on 31.12.66	- 123
Number of children under school age	- 460
Number of families removed from supervision	- 36
Number of families accepted for supervision	- 47

(new cases 39, re-admission 8.)

Number of families evicted from either Council or privately owned property	- None
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Number of families for whom household necessities were provided	- 77
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Number of families for whom rent arrears, under the County Council's Rent Arrears Scheme were paid	- 20
--	------

Assistance from Local Charitable Sources

Again practically every family has received gifts of clothing, etc. from the W.R.V.S. and the B.R.C.S. the gifts were allocated and distributed by the Family Welfare Workers.

For the second year in succession a wonderful Christmas party was given to 30 children by the Officers and Ratings of Her Majesty's Naval Air Station at Culdrose. All the children were thrilled and thoroughly enjoyed themselves.

The teachers from various schools and Sunday schools organised the wrapping and giving of Christmas presents by their scholars for children from inadequate homes. All the gifts were much appreciated and were distributed by the Family Welfare Workers.

In addition to the above a goodly quantity of clothing, bedding and some furniture has been given by private individuals. It has been most useful.

Holidays

A kindly donor gave £25 to enable some children from inadequate homes to have a week's summer holiday. Due to the willingness of a number of happy families to share their homes, ten children between eight years and school leaving age had the first holiday of their lives. A further three children were given a week's holiday by the Launceston Branch of the Round Table and another two children were given holidays for which no subsistence money was paid. The Children's Department arranged for one boy to spend a week camping. At Christmas two boys were the guests of the Helston Rotary Club at the Holiday Home (Rotary) for Boys at Weston-Super-Mare. The benefit to these children of such holidays cannot be over-emphasised; they all thoroughly enjoyed themselves and saw a new way of living.

GENERAL REVIEW OF THE COUNTY COUNCIL'S SCHEME FOR THE REHABILITATION OF HOMELESS AND INADEQUATE FAMILIES

History of Scheme

Early in 1960 a Survey of Sub-Standard families in Cornwall was made and the main recommendations were:-

(1) That the preventive work be centred upon the Health Area Offices. That Family Welfare Workers be appointed by and to work under the direction of the County Welfare Officer in conjunction with the Assistant County Medical Officers.

(2) That the rehabilitative work be the direct responsibility of the Welfare Department who should deal with cases, which, for reasons of complexity, severity or eviction had been referred by the Health Area Offices as being in need of more concentrated rehabilitation and/or material help. For this purpose it was suggested that two units be established to accommodate five families each, together with suitable accommodation for a resident Warden and his wife in each case. This suggestion has not been fully implemented.

(3) That the Rent Deficiency Scheme be continued, but that it be used with greater stringency and that it is emphasised that the provision of temporary accommodation is the responsibility of the Housing Authorities, except where such accommodation is required in an emergency which could not reasonably have been foreseen. (Circular No. 17/59 Ministry of Housing and Local Government and Circular No. 4/59 Ministry of Health dated 18th March, 1959.)

In November, 1960 a Pilot Scheme was started in Health Area No. 2. It attempted to offer a comprehensive preventive service whereby the children of 20 selected families might remain in their own homes, while, at the same time, their parents could be helped to regain and to maintain an acceptable standard of child-care and household management. Two Family Welfare Workers were appointed to cope with the 20 families selected by the Social Welfare Officer, Mrs. B. J. Banham (in conjunction with the Assistant County Medical Officer of Health and the Assistant County Nursing Officer). The Family Welfare Workers were introduced to the families by the Health Visitor.

The measure of response to the efforts made by the Family Welfare Workers may be judged by the steady development of the service. Requests for their help come in the main from the Health Visitors whose statutory duty it is to visit the homes of all children from birth to schoolage, but in addition requests come from Probation Officers, Housing Authorities, the Officers of the Ministry of Social Security, Education Welfare Officers and this year there came a pathetic request from young parents themselves, who had seen improvement in the home life of friends and wanted similar help.

Growth of Service

<u>Year</u>	<u>Number of F.W.Ws</u>	<u>New Cases</u>	<u>Discharges to Health Visitors Children's Department etc.</u>	<u>Unrespon- sive</u>	<u>Left County</u>	<u>Number of Famil- lies on books at end of year</u>
1960	2	20	8	4	-	8
1961	2	11	-	-	-	19
1962	6	47	14	5	2	45
1963	8	47	23	3	1	65 (chld.253)
1964	9	54	19	1	5	94 (chld.365)
1965	8	54	34	2	-	112 (chld.438)
1966	8	68	38	6	7	130 (chld.515)

From 1st November, 1966

12

Because of the illness and/or resignation of three members of staff plus the resignation of the part-time Warden of the Temporary Accommodation in Area IV this service has been without two and sometimes three Family Welfare Workers for a total period of thirteen months. The vacancies have now been filled and an additional Family Welfare Worker has been appointed.

Deployment of Staff as from 1st November, 1966

Health Area I	1 Family Welfare Worker	Mrs. Barnes
Health Area II	2 Family Welfare Workers	Mrs. Wakeman Mrs. Rogers
Health Area I & II	1 Family Welfare Worker	Mrs. Bennett
Health Area III	1 Family Welfare Worker	Mrs. Collins
Health Area IV	3 Family Welfare Workers	Mrs. Bilkey Mrs. Cundy Mrs. Clements
Health Area V and part VI	1 Family Welfare Worker	Mrs. Watt
Health Area VI and part VII	1 Family Welfare Worker	Mrs. Searle
Health Area VII	1 Family Welfare Worker	Mrs. Lloyd
Health Areas I, II and III	1 Family Welfare Worker	*Mrs. Smyth

*Shared by these 3 areas is Mrs. B. Smyth. She was one of the first 2 family welfare workers to be appointed. Over the years Mrs. Smyth has developed a particular aptitude for dealing with psychopathic personalities. Mrs. Smyth is therefore asked to work with families where one or both parents are particularly difficult people to handle.

Temporary Accommodation

Health Area II	1 Family Welfare Worker	Mrs. Rogers
Health Area IV	1 Family Welfare Worker	Mrs. Clements

UNITS OF TEMPORARY ACCOMMODATION Numbers at present Accommodated

		<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Total</u>
Health Area I	25 Queen Street, Penzance	1	1	7	9
	1 caravan, Hayle (unusable)	-	-	-	-
Health Area II	1 caravan, St. Day	1	1	2	4
	1 caravan, Pool	-	-	-	-
	The Old Police Station, Camborne (4 families)	1	4	15	20
	11 Treslothan Road, Troon	1	1	7	9
	Shirley House, Carharrack	1	1	9	11

continued overleaf

		<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Total</u>
Health Area III	8 Quay Hill				
	Falmouth	1	1	6	8
Health Area IV	The Old Isolation				
	Hospital, Goss Moor	1	1	-	2
	Sedgemoor Priory,				
	St. Austell	3	3	11	17
	17 North Street,				
	St. Austell	1	2	10	13
	1 caravan,				
	Penwithick	-	1	2	3
	The Old Police				
	Station, Tywardreath	2	2	10	14
	1 house, Slades Road,				
	St. Austell	1	1	6	8
Health Area V	Hurstocks, Cardinham	1	1	-	2
Health Area VI	21 & 23 High Street,				
	Camelford	2	2	8	12
Health Area VII	St. Saviour's Terrace,				
	Polruan	1	1	5	7

Support Given to Families in Temporary Accommodation

Apart from the excellent work done in the St. Austell Health Area by Mrs. K. Hurley, the part-time warden, the families in Temporary Accommodation have not received concentrated help from the Family Welfare Workers. Until now the District Welfare Officer has endeavoured to see that the rent is paid, supplied essential furniture, domestic utensils etc. and has given all the advice possible in the very limited time at his disposal.

Future Developments

(a) It is hoped to obtain greater co-operation from the Housing Authorities in re-housing sub-standard families following their period of rehabilitation in Temporary Accommodation. Three families in Health Area III have responded well and their standards have been so improved that during the last two or three years, the Senior Social Worker has, with confidence, recommended that they be offered the tenancy of a council house. One, in fact, was re-housed in October, 1966 and another in November, 1966. Temporary Accommodation, however, is frequently blocked for very long periods of time owing to the delay by Housing Authorities in providing accommodation.

(b) Two Rehabilitation Units for 5 Families, co-wardens and staff

The scheme recommended that "two Rehabilitative Units - each housing five families together with accommodation for a resident and his wife would be required, one in or near St. Austell, the other in or near Camborne-Redruth".

These rehabilitation units must be an essential part of future planning. A number of families have no conception of living in an orderly manner, they deprive their children of a reasonable start in life and they are a trouble to their neighbours and to the neighbourhood. These families are very well known to the staff of the Ministry of Labour, the Ministry of Social Security and to many social workers.

Measures to Prevent Homelessness and to provide Permanent Accommodation for Homeless Families

This is primarily a matter for the District Councils as Housing Authorities and they have been asked to submit their plans for providing "intermediate" accommodation. Two series of area Conferences with District Councils have been held in recent years when there has been a frank and useful exchange of views and information and further meetings are being arranged.

Central and area registers of families "at risk" are compiled by the Children's Officer. These registers, and the fact that several of the Child Care Officers have accommodation in the Health Area Offices means that there is a constant exchange of information between different departments of the County Council. In addition, Case Conferences on individual cases or groups of cases can be and are held at any time and can be convened by any Social Worker involved.

Rent Guarantee Scheme

More use should be made by the District Councils of the Rent Guarantee Scheme which has proved very successful over the past few years and the early attention of the County Council and its officers should be drawn to tenants who are falling into arrears with their rents or who are becoming unsatisfactory in other ways. It is worth noting that during the 8 years during which the Scheme has been operating only 11 families for whom Rent Guarantees were given have been subsequently admitted to Temporary Accommodation provided by the County Council.

BLIND AND PARTIALLY-SIGHTED PERSONS

Blind

The total number of blind persons on the Register at 31st December, 1966, was 932.

New admissions during the year..	128
Transfers of registered blind people	
from other areas	11
Deaths	89
Transfers of registered blind people	
to other areas	11
Decertifications due to improved visual acuity	2

There were 11 Home Workers in Cornwall at 31st December, 1966.

Home Teaching Service

The staff consisted at 31st December, of five qualified Home Teachers. There is one vacancy.

Register of Blind Persons:-

Age Period	Age Groups of Blind Persons			Age at onset of Blindness		
	Males	Females	Total	Males	Females	Total
0	0	0	0	24	35	59
1	0	0	0	0	0	0
2	0	0	0	1	0	1
3	0	1	1	2	1	3
4	0	2	2	2	0	2
5-10	2	0	2	8	7	15
11-15	5	3	8	7	5	12
16-20	4	3	7	9	5	14
21-29	10	3	13	16	14	30
30-39	15	11	26	27	19	46
40-49	20	24	44	28	44	72
50-59	37	50	87	47	60	107
60-64	37	30	67	28	45	73
65-69	27	47	74	19	69	88
70-79	92	161	253	76	146	222
80-84	41	114	155	26	80	106
85-89	33	91	124	12	39	51
90 & over	17	52	69	3	16	19
Unknown	0	0	0	5	7	12
Totals	<u>340</u>	<u>592</u>	<u>932</u>	<u>340</u>	<u>592</u>	<u>932</u>

New cases registered during the year:-

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0-4	0	1	1	0	1	1
5-10	0	0	0	0	0	0
11-15	1	0	1	1	0	1
16-20	1	0	1	1	0	1
21-29	0	0	0	0	0	0
30-39	1	0	1	1	0	1
40-49	2	1	3	2	1	3
50-59	4	5	9	4	5	9
60-64	2	1	3	2	2	4
65-69	0	9	9	2	12	14
70-79	18	27	45	17	27	44
80-84	5	21	26	6	21	27
85-89	8	14	22	6	9	15
90 & over	0	5	5	0	5	5
Unknown	0	0	0	0	1	1
Totals	42	84	126	42	84	126

Blind Children under 16 years		Males	Females	Total
1. Age under 2		0	0	0
2. Age 2-4				
	Suitable for education at school	0	3	3
	Unsuitable for education at school	0	0	0
		0	3	3
3. Age 5-15:				
	Suitable for education at school			
	Attending special schools for the blind:			
	(i) Blind with NO other defects	3	3	6
	(ii) Blind WITH other defects	1	0	1
		4	3	7

Blind Children under 16 years (continued)	Males	Females	Total
Unsuitable for education at school			
(i) in hospital for the Mentally			
Sub-Normal	3	0	3
(ii) At home or elsewhere	0	0	0
Blind	0	0	0
Blind with multiple defects	0	0	0
	<u>3</u>	<u>0</u>	<u>3</u>
Total children	7	6	13

Education, Training and Employment
(Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16-20	0	1	1
2. Undergoing training			
(i) for sheltered employment	1	0	1
(ii) for open employment	<u>2</u>	<u>0</u>	<u>2</u>
	<u>3</u>	<u>1</u>	<u>4</u>
3. Employed			
Employment under Sheltered Conditions			
(i) In Workshops for the Blind	3	0	3
(ii) In Home Workers' Schemes	10	1	11
Employment under Ordinary Conditions	<u>18</u>	<u>3</u>	<u>21</u>
	<u>31</u>	<u>4</u>	<u>35</u>
4. Not Employed			
Capable of and available for work			
Already trained			
(i) For sheltered employment	0	0	0
(ii) For open employment	3	0	3
Subject to being trained			
(i) For sheltered employment	0	0	0
(ii) For open employment	0	0	0
Without training			
(i) For sheltered employment	0	0	0
(ii) For open employment	9	0	9

Education, Training and Employment (continued)

(Age periods 16 years and upwards)

	Males	Females	Total
Not available for work			
Age Group 16-59	16	54	70
Age Group 60-64	13	18	31
Not capable of work			
Age Group 16-59	35	34	69
Age Group 60-64	15	11	26
Not working			
Age 65 and over	<u>207</u>	<u>464</u>	<u>671</u>
	<u>298</u>	<u>581</u>	<u>879</u>
Grand Total	<u>332</u>	<u>587</u>	<u>919</u>

Occupations of Employed Blind Persons:

Employment under
Sheltered Ordinary
Conditions Conditions

In Special In Home
Workshops Workers'
Schemes

GROUP I

Professional, Technical,
Administrative & Executive

Workers, Managerial Workers

Masseurs and Physiotherapists	0	0	4
Clergy and Members of Religious Orders	0	0	1
Musicians and Music Teachers	0	1	1
Other Workers in Group I	0	0	1

GROUP II

Clerical and Related Workers

Typists	0	0	1
Braille Copyists	0	2	0
Telephone Operators	0	0	3

GROUP III

Sales Workers

Working Proprietors,
Shop Managers

0	1	1
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Occupations of Employed Blind Persons: (continued)	Employment under	
	Sheltered Conditions	Ordinary Conditions
	In Special Workshops	In Home Workers' Schemes

GROUP IV

Agricultural and Horticultural
Workers

Farmers	0	0	4
Poultry Keepers	0	0	1

GROUP V

Craftsmen, Production Process
Workers, Labourers

Machine Tool Operators	0	0	2
Viewers, Inspectors, Testers	0	0	1
Knitters	0	1	0
Basket Makers	1	3	0
Mat Makers	1	0	0
Piano Tuners	0	3	0
Craftsmen and Production Process Workers	1	0	0

GROUP VI

Service and Miscellaneous
Workers

Miscellaneous Workers	0	0	1
	<u>3</u>	<u>11</u>	<u>21</u>

Physically Defective and Mentally Sub-Normal and Mentally
III (All ages)

	Males	Females	Total
(a) Mental III	5	18	23
(b) Mentally Sub-Normal	14	8	22
(c) Physically Defective	28	40	68
(d) Deaf without Speech	0	2	2
(e) Deaf with Speech	3	3	6
(f) Hard of Hearing	34	55	89
(g) Combination of (a) and (c)	0	1	1
(i) Combination of (a) and (e)	0	2	2
(j) Combination of (a) and (f)	2	1	3
(k) Combination of (b) and (c)	1	2	3
(q) Combination of (c) and (f)	3	6	9
	<u>90</u>	<u>138</u>	<u>228</u>

Blind persons age 16 and upwards resident in:

Residential accommodation provided
under Part III of the 1948 Act,
(viz. Section 21)

	Males	Females	Total
(a) Homes for the Blind	5	36	41
(b) Other Homes	10	25	35
Other Residential Homes	2	13	15
Hospitals for the Mentally Ill	7	22	29
Hospitals for the Mentally Sub-Normal	8	1	9
Other Hospitals	10	20	30
	<u>42</u>	<u>117</u>	<u>159</u>

Miscellaneous information:-

Social Centres	6
Handicraft Classes	9
St. Dunstaners	6
Persons discharged from open industry during year	1

PARTIALLY-SIGHTED

The total number of partially-sighted persons on the register at 31st December, 1966 was 223.

New admissions during the year	36
Transfers into the County	8
Deaths	14
Transfers out of the County	6
Transfers to the Blind Register and Decertifications due to improved visual acuity	18

Details of the register for 1966 are as follows:-

Age Groups of Partially-Sighted Persons

	Males	Females	Total
0-4	0	0	0
5-15	6	8	14
16-20	4	1	5
21-49	13	17	30
50-64	17	15	32
65 and over	41	101	142
	<u>81</u>	<u>142</u>	<u>223</u>

Cases newly registered during the year

Age at date of registration	Males	Females	Total
0-4	0	0	0
5-15	1	0	1
16-20	0	0	0
21-49	2	2	4
50-64	4	4	8
65 and over	8	15	23
	<u>15</u>	<u>21</u>	<u>36</u>

CLASS A

Persons Near and Prospectively Blind

(age 16 and over)

	Males	Females	Total
Employed	7	2	9
Undergoing training	0	0	0
Unemployed			
Available for and capable of training or work	2	1	3
Not available for or not capable of work	41	83	124
	<u>50</u>	<u>86</u>	<u>136</u>

CLASS B

Persons Mainly Industrially Handicapped

	Males	Females	Total
Employed	5	2	7
Undergoing training	0	0	0
Unemployed:			
Available for and capable of training or work	1	0	1
Not available for or not capable of work	0	1	1
	<u>6</u>	<u>3</u>	<u>9</u>

CLASS C

Persons requiring observation only

18 45 63

CLASS D

Children 5-16

Suitable for education at School:

	Males	Females	Total
At Special Schools	3	5	8
At Other Schools	3	2	5
Not at School	0	0	0
Unsuitable for education at School	0	1	1
	<u>6</u>	<u>8</u>	<u>14</u>

Children over 16 and still at school

0 1 1

REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

This report deals with the Association's main function.

The Occupational Therapy Service

Owing to the difficulty, still unresolved, of recruiting a suitable head occupational therapist the medical panel has regraded the existing staff to senior status. This has enabled them to accept responsibility for a prescribed area and work direct to the medical panel. In the year under review the complement of occupational therapists was constantly under strength with the result that the number of visits recorded fell from 3,427 to 3,035. The number of patients on the Register at the end of the period was 196 against 235 at the end of 1965. This fall off in numbers reflected the medical panel's decision to pass to the Red Cross patients whose only need was an occasional social visit.

The arrangements for the supply of domestic aids and for home adaptations, in co-operation with the County Welfare Officer, has been re-organised to ensure a better integration of the activities of the occupational therapists and the County Welfare Officer.

Social Clubs

Progress in this field has continued and it has become increasingly clear that the clubs are providing a very valuable medium for social intercourse between members who share, in some degree, similar problems. The coach outings and other recreational facilities, such as visits to private houses and places of entertainment, have become a regular feature of club membership and, coupled with the normal monthly meetings, are a contribution to social welfare which it would be difficult to over-estimate.

Since the close of the year another club has been opened at Newquay making six in all.

The great help given by the British Red Cross Society, the County Welfare Department and numerous voluntary organisations is acknowledged with sincere gratitude.

Workshop for the Disabled

The year has been marked by progress in the Workshop extension scheme. Plans for a building to provide sheltered employment for an additional fifteen seriously disabled persons have been prepared and are now awaiting the approval of the Regional Hospital Board.

The County Council has already agreed to make a substantial contribution to the cost and when the capital grant by the Ministry of Labour has been assessed it should not be long before actual building can begin. By the time the next report comes to be written the project should be within measurable distance of final completion.

Holidays

In addition to the well established holidays at Falmouth (Pentargan Hotel) and Westward Ho! a further, but smaller holiday, is to be arranged at Wraxhall House, Minehead for eight men and women who were unable, for one reason or another, to share the holidays at Westward Ho! and Falmouth.

In the year under review 39 patients and 9 escorts enjoyed much appreciated holidays and this number will continue to increase as additional funds and suitable accommodation become available.

The success of these holiday schemes can only be ensured by a vast amount of voluntary help and this help is never far to seek. Although special mention must be made of the splendid co-operation of the County Welfare Officer, the Red Cross Society, the Order of St. John, the Rotary Clubs and members of the Falmouth Fire Brigade under the supervision of Mr. Hodgson, there are numerous other organisations and individual helpers whose help is invaluable and to them, equally, we extend our grateful thanks.

The following tables give details of visits paid, sales, etc. over the past two years.

	<u>1965</u>	<u>1966</u>
Sales	£1,711	£1,165
Total visits	3,427	3,035
New cases	26	31
Cases closed	26	70
Patients on the Register at 31st December	235	196

Age Grouping

	<u>Male</u>	<u>Female</u>
Under 16 years	-	-
16 - 30	13	7
31 - 50	36	18
Over 50	86	36
	<u>135</u>	<u>61</u>

FOOD AND DRUGS ACT

Report of Chief Inspector under the Food and Drugs Act, 1955

The County Council is the Food and Drugs Authority for the whole of the County.

While considerable attention is always given to the sampling of milk both on retail sale and in the course of delivery from the purchaser to Pasteurising Plants, selective sampling of other food covers a very wide range of articles found today in the shops. Details of the samples taken are shown below:—

Milk	2,515
Milk products	361
Sugar and Sugar Confectionery	22
Flour and Flour Confectionery	29
Spirits, Wines and Beers	49
Soft Drinks	50
Meat and Fish Products	185
Fruit and Vegetable Products	64
Cornish Pasties	129
Coffee, Tea, Cocoa, etc.	14
Margarine, Cooking Fat, Etc.	18
Soups and Sauces	7
Essences and Gelatines	6
Miscellaneous	73
	<hr/> 3,522 <hr/>

536 samples of various kinds were submitted to the Public Analyst for analysis and he made a report about 30 of these which were either adulterated or otherwise gave rise to irregularity.

Subsequent action resulted in thirteen prosecutions all of which resulted in a conviction of the offender and the details are set out at the end of this report.

Foods which contained a foreign body figure largely in the adverse samples but it is not always necessary for an analysis to be made.

Items which have been dealt with during the quarter were, wire in pork luncheon meat, rodent excreta in imported apricots, moth in bread, dark particles in National Dried Milk, maggot in cooked ham, excess gelatine in tinned ham, evaporated milk badly processed, milk in a dirty bottle, canned meat containing a fly, bottle of milk containing crumpled aluminium foil and flour confectionery containing mould spores.

Several items were improperly labelled or wrongly described and in two cases viz: milk fudge and dairy fudge falsely described.

On more than one occasion the Public Analyst has drawn our attention to the decreasing quality of Clotted Cream. The Cream Order 1951 permits a fat content as low as 48% whereas traditional Cornish Clotted Cream has a fat content much higher than this in the region of 60%. Until the Food Standards Order is amended little can be done about the low quality Clotted Cream at present on sale.

List of Prosecutions under the Food and Drugs Act, 1955

<u>No.</u>	<u>Trade</u>	<u>Nature of Offence</u>	<u>Section</u>	<u>Result</u>
1	Food Manufacturer	Irish Stew containing tufts of skin and bovine hair	Section 2 and 113(3)	Fined £50. Costs £18.
2	Bakers	Selling loaf of bread which contained a moth	Section 2	Fined £10. Costs £ 9.
3	Bakers	Selling Apple Puff containing mould	Section 2	Fined £20. Costs £11.
4	Multiple Grocers	Selling ham which contained a maggot	Section 2	Fined £10. Costs £42.
5	Multiple Stores	Selling Fancy Cakes which contained mould spores	Section 2	Fined £15. Costs £ 9.
6	Confectioners	Selling Almond Macaroons not of the substance demanded	Section 2	Fined £ 3. Costs £ 3.
7	Milk Producer	Selling milk containing added water from a vending machine (2 charges)	Section 2	Fined £20. Costs £13.
8	Milk Producer	Selling milk containing added water	Section 2	Fined £15. Costs £22.
9	Publican	Selling Whisky containing extraneous water	Section 2	Fined £10. Costs £ 9.
10	Milk Packers	Milk containing pieces of glass	Section 2 and 113(3)	Fined £10. Costs £ 5.
11	Cream Manufacturers	Clotted Cream containing piece of enamel	Section 2 and 113(3)	Fined £20.
12	Milk Packers	Bottle of Milk containing metal foil	Section 2	Fined £15. Costs £ 9.
13	Milk Producers	Milk containing added water	Section 2	Fined £15. Costs £ 8.

SANITARY CIRCUMSTANCES

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

MILK AND DAIRIES ADMINISTRATION

The number of registered dairy herds and producer-retailers in Cornwall at the end of the year was 5,405 and 356, a reduction of 161 and seven respectively on the corresponding totals for 1965. The decline in the number of dairy herds is more than the figures indicate as during the year seventy-two farms were transferred into the County from Devon. However, the number of attested cattle increased to 97,891 and the annual milk yield to 69,233,000 gallons. (1965 - 67,187,000 gallons)

The County Council is the statutory authority under the Milk (Special Designation) Regulations 1963-65 for licensing milk pasteurising and sterilising plants and premises and all milk dealers other than producer-retailers. They are also responsible for milk sampling and ensuring that milk handling, processing, storage and distribution arrangements at all premises licensed by them satisfy the requirements of the Milk and Dairies (General) Regulations 1959. The County Council also has a duty under the Food and Drugs Act, 1955 to ensure that milk from animals suffering from tuberculosis and other specified diseases is not sold for human consumption.

Milk (Special Designation) Regulations

The Regulations prescribe the grades of milk that may be sold by retail and the tests to which such milk shall be subjected. The authorised special designations are Untreated, Pasteurised, Sterilised and Ultra Heat Treated and dealers handling and distributing these grades of milk must be licensed by the County Council or, in the case of producer-retailers, by the Ministry of Agriculture Fisheries and Food. At the end of the year 1,042 licences issued by the County Council were in operation in Cornwall; of these 705 were for pasteurised milk, 102 for untreated, 233 for sterilised, and 2 ultra heat treated. In addition, there were 353 producer-retailers licensed by the Ministry of Agriculture, Fisheries and Food.

Samples of milk purchased from dairymen or taken from processing plants are submitted for examinations by the Director of the Public Health Laboratory at Truro. The following is a summary of the laboratory reports on all samples examined on behalf of the County Council during 1966.

Grade of Milk	No. of Samples	Void *	Phosphatase Test		Methylene Blue Test		Turbidity Test		Colony Count Test		Percentage of Failure
			S	F	S	F	S	F	S	F	
Pasteurised	563	15	548	-	543	5	-	-	-	-	.9
Untreated	106	7	-	-	77	22	-	-	-	-	28.5
Sterilised	74	-	-	-	-	-	74	-	-	-	-
Ultra Heat Treated	2	-	-	-	-	-	-	-	2	-	-

S. = satisfactory. F. = Failed. *Samples are considered void when the atmospheric shade temperature at the Laboratory exceeds 70° F.

The excellent hygienic conditions under which Pasteurised milk is processed and handled in Cornwall is demonstrated by the low percentage of samples failing the statutory test; this is a clear indication of the value of close co-operation between the County Council Officers and dairy managements.

Unfortunately samples of Untreated milk have proved far less satisfactory, nearly one-third of those taken having failed the statutory test. Little direct action can be taken by the County

Council, as control of production on dairy farms is the responsibility of the Ministry of Agriculture, Fisheries and Food, to whom all unsatisfactory laboratory reports are referred.

Seven dairies licensed by the County Council to pasteurise milk process and bottle a total of approximately 32,000 gallons of milk every day. Of this quantity about 30,000 gallons are pasteurised in premises fitted with the most advanced equipment available to the dairy industry; milk arriving at the dairy flows automatically through the whole pasteurising, bottling and crating process and is delivered to the coldstore ready for final distribution without being handled at any stage by the dairy staff. One of the dairies is also licensed to sterilise milk and about 600 gallons per day are so treated.

Each pasteurising and sterilising plant is subjected to detailed inspection at frequent intervals by the County Public Health Officers and samples of milk taken from the production lines are examined by the Director of the Public Health Laboratory. It is an indication of the efficiency of these plants that every such sample taken during 1966 proved satisfactory.

In Cornwall the principal pasteurising dairies wash and sterilise approximately 300,000 bottles every day; until automatic equipment is developed that will reject those that are dirty or imperfect, or until bottles are replaced by disposable cartons, it is inevitable that occasionally an unsatisfactory bottle will escape detection and pass into the distribution system. Because of this risk particular attention is given to the efficiency and condition of bottle washing machines. Specimen bottles are submitted for sterility tests and it is encouraging to report that every bottle examined during 1966 conformed to the standard of cleanliness recommended by the Ministry of Health.

Antibiotics in Milk

Mastitis in cows is usually controlled by inserting tubes of an antibiotic preparation into the teat canals of an infected udder. Farmers are warned that unless they are acting on veterinary advice milk from an infected animal should not be sold for a period of forty-eight hours or four milkings after the end of treatment. Failure to observe these instructions could adversely affect the health of the consumer and for this reason the Minister of Agriculture, Fisheries and Food and the Minister of Health have suggested an antibiotic limit. Every sample of untreated milk is tested to ensure that excessive quantities of antibiotics are not present. During 1966, 2, 140 samples were examined in this manner and of these only eight were reported as having antibiotic concentration in excess of the recommended limit. Warning letters were sent to the dairy farmers concerned and the Milk Marketing Board were notified.

Brucellosis

For many years Medical Officers have stressed the advantages of pasteurisation in destroying pathogenic organisms that cause disease in man. Unfortunately the public demand for untreated milk continues and every day large numbers of people deliberately expose themselves to the danger of contracting milk borne diseases, the most notable of which is brucellosis. This disease often described as an occupational hazard of farmers and Veterinary Surgeons, can and does cause ill health in persons who drink untreated milk from infected herds. Although this risk relates principally to people who live in rural areas, it also applies in Cornwall to the summer visitors who may drink considerable quantities of raw milk during the holiday season. One case of human brucellosis reported during 1966, concerned a holiday maker who spent two weeks on dairy farms in the County, a subsequent investigation revealed a history of abortion, a symptom of brucellosis in cattle, in the dairy herd at one of these farms.

During 1966 eight confirmed cases of human brucellosis were notified to the department and on each occasion it was established that the patients drank raw milk from dairy herds containing infected animals. A total of eighty-nine dairy herds were investigated and of these twenty-three contained infected animals. Specimens of milk from 1,227 cows were subjected to the culture test and 123 proved positive. Thus approximately 26% of all herds examined contained infected animals and 10% of all cows tested were excreting brucella organisms into the milk.

In October 1966 the Ministry of Health issued a circular recommending that "herd samples of all milk which is sold for human consumption as "untreated" should be taken at regular intervals, preferably at least monthly and examined by the Milk Ring Test. Samples which give a positive reaction should be examined by culture for *Brucella Abortus*". If the monthly routine milk sampling programme suggested by the Ministry could be implemented in Cornwall, cows infected with brucellosis should virtually be eliminated from producer-retailer herds. However, complete elimination of the disease cannot be achieved without a national brucellosis eradication scheme and it is anticipated that the first measures to bring this about will be introduced by the Animal Health Division of the Ministry of Agriculture, Fisheries and Food during the coming year. In the meantime, the best safeguard for the general public against contracting brucellosis is to make sure that milk is either boiled or pasteurised before consumption.

SCHOOLS

School Canteens and Central Kitchens

Every one of the 324 maintained schools in the County is supplied with cooked meals by the School Meals Service and any pupil may purchase for 1/- an excellent lunch of the highest nutritional value, prepared under hygienic conditions. The popularity

of this service is evident from the increasing number of children taking their mid-day meal at school. During the past decade this number has risen from 23,799 per day or 53% of the total school population in 1956, to 35,985 or over 77% in 1966.

The standard of cleanliness and the structural condition of all School kitchens inspected during the year complied with the statutory requirements of the Food Hygiene Regulations. Credit must be given to the school meals staff for the conscientious manner in which they undertake their duties and also to the Education Authority who spent £18,456 constructing four new kitchens and a servery and £3,930 on improving existing premises.

In general, the quality of food supplied was excellent and only 13lbs of tinned vegetables and fruit was condemned as unfit for human consumption.

Nine complaints of food not being of the nature, substance or quality demanded were investigated by the Chief Inspector of Food and Drugs. One company was fined £25 and £16. 19. 0d. costs for supplying haricot beans contaminated by rodent droppings and bird seed. The other complaints included charred powder in dried milk, bacon infested with maggots and dried apricots containing a nail and rodent droppings.

Milk in Schools

A total sum of £73,603 was spent during the financial year 1965/66 on milk supplied under the Milk in Schools scheme to the 324 maintained and 31 non-maintained schools in the County and approximately 67% of all children take advantage of this service. To safeguard them against the risk of contracting milk borne diseases such as brucellosis, it is obligatory that only pasteurised milk should be supplied.

Samples of school milk are tested for keeping quality by the Director of the Public Health Laboratory at Truro and also

for chemical composition by the Chief Inspector of Food and Drugs. Ten samples failed the statutory keeping quality tests, but eight of these resulted from a single temporary breakdown in the production and distribution system at one pasteurising dairy. With these exceptions all milk supplied during the year was of excellent quality.

Four complaints of dirty bottles and one of a school milk bottle containing a solution of milk and caustic soda were investigated. The caustic solution entered the bottle as a result of a defect in the automatic washing machine at the dairy and this was remedied immediately. In appearance the bottle of milk and caustic solution was obviously abnormal and fortunately was handed unopened to the Head Teacher. This was a most unusual occurrence and legal proceedings were taken against the dairy company concerned by the Chief Food and Drugs Inspector. A fine of £25 and costs was imposed by the Magistrates' Court.

Water Supplies in Schools

During 1966 the number of schools without mains water was reduced from nine to seven. Boyton County Primary was connected to the North Devon Water Board's system following completion of a main laying scheme to that village and St. Michael Penkevil Voluntary Primary was linked into the water main network serving Lord Falmouth's estate. The seven schools without mains water at the end of the year were:

Trythall C.P.

Trekenner C.P.

Halwin C.P.

St. Wenn C.P.

Four Lanes C.P.

Trewidland C.P.

St. Gennys C.P.

Mains water should be available to Trekenner School during 1967.

The bacteriological quality of school water supplies is tested by the Director of the Public Health Laboratory at Truro and he has reported that every sample submitted during 1966 proved satisfactory.

School Swimming Pools

The County Council encourages the installation of school swimming pools by contributing up to 25% of the capital cost and taking over responsibility for maintenance on completion. This grant is based on the cost of learner or shallow type baths without diving facilities; if deeper or more elaborate pools are needed the additional expense must be borne by the sponsors.

Sixty-five schools in the County give swimming instruction to pupils. Of these twenty-one have their own pools and forty-four use various public and privately owned swimming baths. Details of school pools completed or under construction during 1966 are given below.

<u>School</u>	<u>Number of Pupils</u>	<u>Capacity of Pool</u>	
Penryn C.S.	487	50,000 galls.	Completed
Cornwall Technical College	3,806	80,000 galls.	"
St. Ives C.P.	318	8,000 galls.	"
Bude-Stratton C.S.	367	25,000 galls.	"
St. Martin-in-Meneage C.P.	35	3,000 galls.	"
Sir James Smith School Camelford	543	20,000 galls.	"
Harrowbarrow C.P.	75	3,000 galls.	"
Biscovey C.P. Infants	240	5,000 galls.	"
Perranporth C.P.	185	14,000 galls.	Under construction
Truro Grammar Girls School	355	50,000 galls.	"
North Petherwin C.P.	65	3,000 galls.	Transferred from Devon County Council

Advice is given to Head Teachers on suitable filtration and chlorinating equipment and the efficiency of water treatment processes is checked from time to time. One type of filter has not proved completely successful and considerable difficulty has been experienced in maintaining water clarity in some of the pools where this unit is installed. In future this type of filter will only be permitted in those areas where the chemical quality of the public water supply indicates that they should operate satisfactorily.

Foot Infection in Schools

An investigation into the incidence of Athlete's Foot and Verruca in infant and junior schools showed that 167 out of 14,878 children were infected with one or other of these conditions.

These infections are usually spread by barefoot activities or interchange of footwear. The organism's power of survival is increased by damp or humid conditions and for this reason special attention is given to cleansing and sterilising swimming pool surrounds and floors of changing rooms and showers. The risk of any person contracting either condition at school is negligible if this sterilising procedure is properly carried out and provided infected pupils are excluded from barefoot activities.

A statistical summary of the foot infection investigations carried out by School Nurses in junior and infants schools is given below.

Education District	No. of Schools included	No. of Children	No. of Cases Diagnosed or Suspected		No. of Cases with diagnosis not specified
			Verruca	Athletes Foot	
Penzance	17	1,324	1	-	4
Helston and Falmouth	17	1,928	3	4	-
Camborne-Redruth	15	1,664	14	6	-
Truro	23	1,803	2	9	10
Mid-Cornwall	13	1,972	26	6	-
Bodmin	21	1,637	8	39	-
North Cornwall	27	1,453	2	13	-
East Cornwall	31	3,097	14	6	-
	164	14,878	70	83	14

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The County Council has contributed towards the cost of water supply and sewerage schemes carried out in rural areas of the County since the Rural Water Supplies and Sewerage Act first came into operation in 1945. The increasing financial obligation imposed by this grant policy is demonstrated diagrammatically on page 126 as a graph of the annual payments made by the Council since the Act came into force. Grants toward the cost of sewerage or water schemes in a rural area are paid either as a single lump sum when the Council share is £2,000 or less, or as an annual contribution for a period of 30 years when this figure is exceeded.

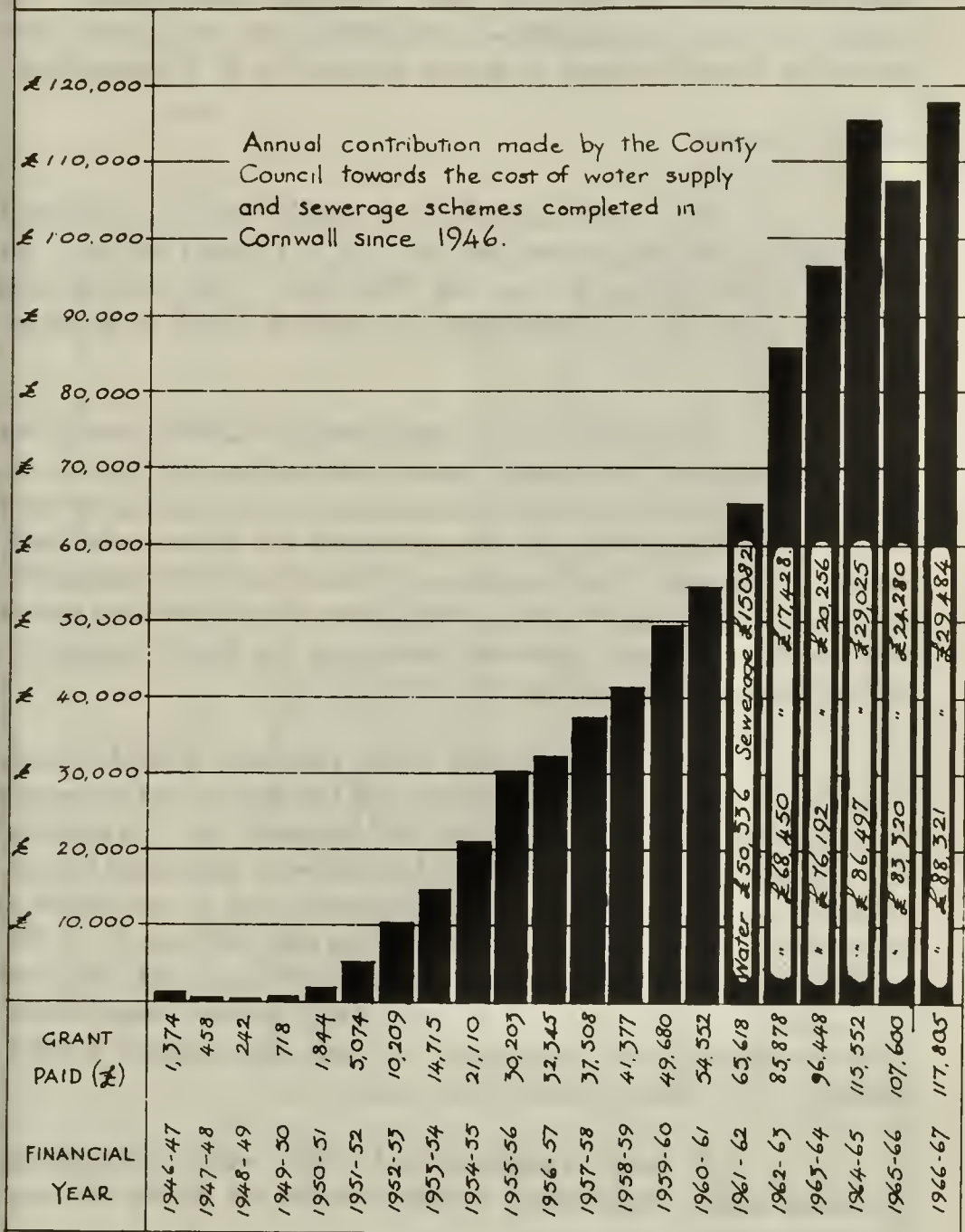
During 1966 the County Council decided to make grant contributions under Section 56 of the Local Government Act, 1958, towards sewerage and sewage disposal schemes carried out in Boroughs and Urban Districts. There are certain qualifying conditions to which these grants are subject, the most notable being:-

- (a) that the scheme must be acceptable to the Health Committee which may impose such conditions as it thinks fit; and
- (b) that the grant shall be calculated annually and be limited to such an amount which will meet one half of the net sewerage rate in excess of 1/6d in the £ after allowing for rate deficiency grant.

At the beginning of the year there were seventeen water undertakings operating in the County; four Water Boards, four Water Companies and nine District Councils. On the 1st April the North and Mid Cornwall Water Board Order came into operation and the new Board took over responsibility for an area formally controlled by one Water Company, one Water Board and four District Councils. Thus at the end of the year the total number of undertakings in the County was reduced to twelve. It is anticipated that Bude-Stratton Urban District will join with North Devon Water Board in October, 1967 and that the proposed South Cornwall Water Board will be established during 1968. When these two reorganisation schemes have been completed all water supply and distribution functions in Cornwall will be vested in five Water Boards.

RURAL WATER SUPPLIES & SEWERAGE ACTS 1946-1961.

Annual contribution made by the County Council towards the cost of water supply and sewerage schemes completed in Cornwall since 1946.



Every village and almost every hamlet in the County has mains water and nearly all the major and many of the minor villages also have sewerage and sewage disposal facilities. The provision of these services is usually closely followed by extensive property improvement as owners hasten to provide themselves with piped water, both hot and cold, baths, sinks and water closets; the village well and pump together with earth closets and privies then take their rightful places as quaint antiquities of a bygone age.

WATER SUPPLIES

Water consumption from public mains in Cornwall averaged 16,818,000 gallons per day (g.p.d.) during the year, an increase of 318,000 g.p.d. over the 1965 figure. This is in keeping with the trend noted during the past five years, as shown in the graph on page 128.

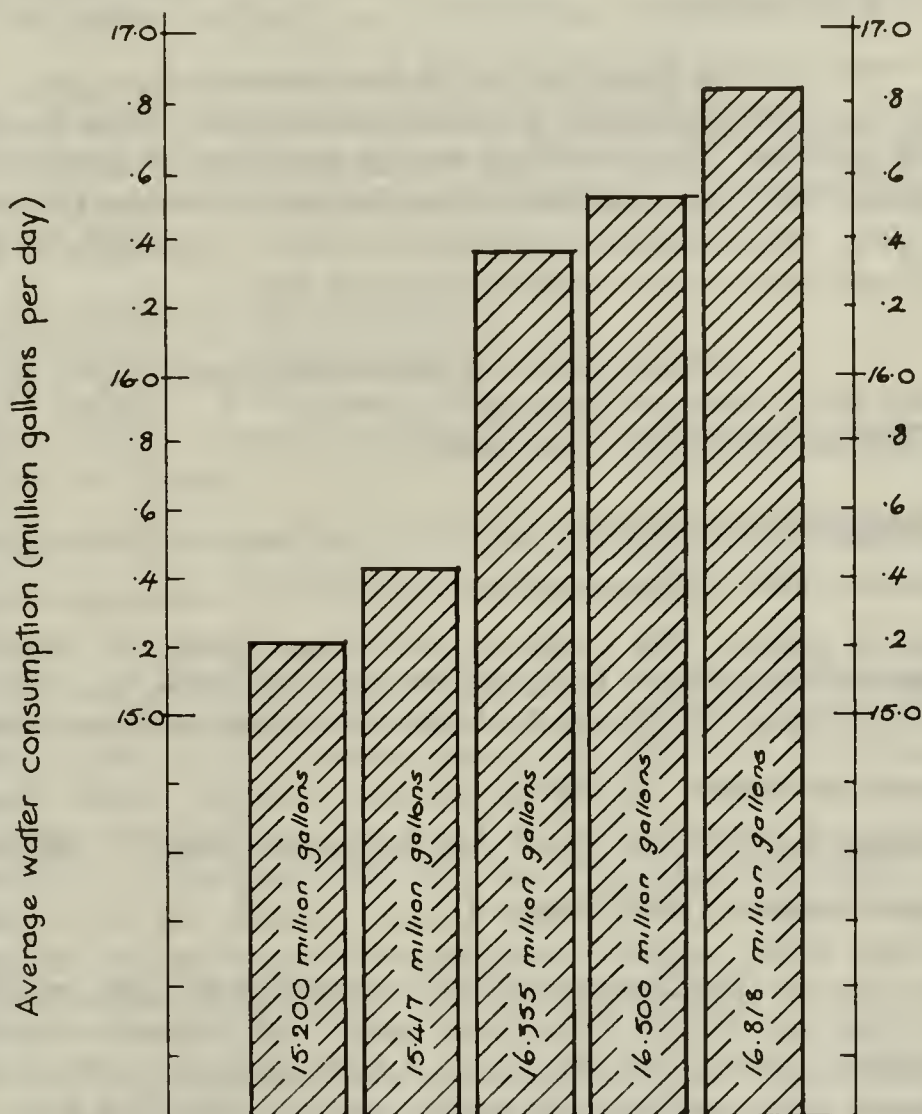
The serious fluoride deficiency in Cornish waters has been the subject of discussion by water undertakings and the County Council. Of the twelve water undertakings in the County two are in favour of fluoridation but the remainder are either undecided, neutral or opposed. The County Council decided to defer consideration until the proposed South Cornwall Water Board has been formed and can be consulted, although previously the Health Committee had recommended support for fluoridation.

It is desirable that water treatment should include filtration to remove suspended matter and the addition of chemicals to correct the acidity or alkalinity (pH adjusted), but it is essential that all public supplies should be chlorinated to guarantee bacteriological purity. The fall in the total gallonage of unchlorinated water distributed through public mains from 650,000 g.p.d. in 1963 to 290,000 g.p.d. in 1966 is from a public health point of view most encouraging. However, it is not possible to express complete satisfaction until all mains water used for human consumption is chlorinated.

A brief description of each water undertaking, including major improvement schemes carried out during the year, is given below.

INCREASE IN WATER SUPPLIED
FROM PUBLIC MAINS

1962 - 1966



Year

1962

1963

1964

1965

1966

West Cornwall Water Board

Statutory area: 106.03 square miles.

Area of supply: Boroughs of Penzance and St. Ives: Urban District of St. Just; and West Penwith Rural District excluding the Parish of Gwinear-Gwithian.

Average daily water consumption 2,482,660 gallons (1965 - 2,318,474 gallons)

The Board has nine sources of water supply comprising two impounding reservoirs, a stream and mine adits. Water from the four principal sources is fully treated by chemical coagulation, pressure filtration, chlorination and the addition of lime to correct acidity. Water from four of the minor sources is chlorinated and pH adjusted and one mine supply chlorinated only.

During the year the Board laid 832 yards of 6"; 8,250 yards of 4"; and 4,600 yards of 3" diameter P.V.C. mains: a total of 380 new connections were made.

Camborne Water Company

Statutory area: 38 square miles.

Area of supply: The Camborne and Illogan Wards of Camborne Redruth Urban District, the Parish of Crowan in Kerrier Rural District and the Parish of Gwinear-Gwithian in West Penwith Rural District.

Population served: 25,000

Average daily consumption: 1,360,000 gallons (1965 - 1,200,000)

Peak demand: 1,500,000 g.p.d.

The Company has three sources of supply, an impounding reservoir 30,500,000 gallons capacity at Cargenwyn with a minimum yield of 150,000 g.p.d. a 5,000,000 gallon reservoir at Boswyn with a net reliable summer yield of 150,000 g.p.d. but maintaining 1,250,000 g.p.d. in winter and a stream intake and mine adit overflow with a combined yield of 1,100,000 g.p.d.

Water treatment includes filtration, pH adjustment, and chlorination.

The contract to develop the Boswyn source of supply was completed during the year. This project included the installation of four pressure sand filters, a new gas chlorinator and 3,000 yards of 15" trunk main from Boswyn to Ramsgate. The effect of this scheme has been to raise the maximum output from 14,000 to 50,000 gallons per hour (i.e. 1,200,000 g.p.d.).

Approximately 3,500 yards of small diameter pipe was laid to serve new housing and industrial development. New connections to the Company's mains totalled 304 (domestic 283, metered twenty-one) and disconnections forty-one (domestic eleven, metered thirty).

Camborne-Redruth Urban District

Statutory area: 18 square miles.

Area of supply - The parishes of Redruth, St. Day, Lanner, Portreath and part of Illogan.

Average daily consumption: 700,000 gallons (1965 - 658,000 gallons)

Peak consumption (on 18th July): 845,000 gallons

The District Council have six sources of water supply comprising three mine adits and three mine shafts with a total minimum reliable yield of approximately 450,000 g.p.d. The South Francis Mine, minimum yield 250,000 g.p.d., will be abandoned in 1967 when water from the new Stithians Impounding Reservoir is available. The South Francis source is the least economic to operate and the chemical quality is difficult to control. Water from all sources is chlorinated before distribution, whilst that obtained from the South Francis shaft is also filtered and pH adjusted.

Work continued throughout the year on the Redruth Water Reorganisation Scheme, designed to distribute water from the new Stithians reservoir and improve the supply generally in the Urban area. Approximately 10,000 yards of 3" - 12" diameter pipe was installed and a new pumping station including duplicate pumps was completed. This pumping station will boost 12,000 gallons per hour from Lanner reservoir to Carnmarth reservoir and supply those parts of the Urban District above 600 ft. O.D.

In addition to work on the mains reorganisation scheme, approximately 1,700 yards of 3" P.V.C. pipe was laid to serve new housing development and 300 connections were made to the Council's mains.

Helston and Porthleven Water Company

Statutory area : 42 square miles.

Area of supply: The Borough of Helston and Parishes of Breage, Germoe and part of Wendron within the Kerrier Rural District.

Average daily consumption: 576,452 gallons (1965 - 565,000)

Peak daily consumption (for week ending July 24th): 674,000
gallons
(1965 -
623,600)

The Company's water sources are as follows:-

<u>Source</u>	<u>Yield</u>
Releath Stream Intake	300,000 g.p.d.
River Cober Intake	Licensed to abstract 50,000,000 gallons per year
Whealvor Mine Adit	300,000 g.p.d.
Trelissick Mine Adit	120,000 g.p.d.
Tregothenan Reservoir	50,000 g.p.d.

All water is filtered, pH adjusted and chlorinated before distribution, except that taken from the Tregothenan Reservoir which is chlorinated only.

Approximately 300 yards of corroded 4" main was replaced with 6" diameter pipe to improve supply in the higher levels of Helston Borough. In addition approximately 3,100 yards of 4" - 1½" diameter pipe was laid to serve new housing and factory development and 230 new connections made to the Company's mains.

Kerrier Rural District

Area of supply: The Parishes of St. Gluvias, Mabe, Constantine, Gunwalloe, Cury, Mawgan - in - Meneage, St. Martin-in-Meneage, St. Antony-in-Meneage, Manaccan, St. Keverne, Grade Ruan, Mullion, Landewednack, part of Wendron and the village Nancegollan in the Parish of Crowan.

Average daily consumption: 410,000 gallons (1965 - 380,000).

Peak daily consumption (for week ending 26th July): 590,000
gallons (1965 - 466,000)

Of the Rural District Council's total water requirements 116,000 g.p.d. are obtained in bulk from Falmouth Corporation and the remainder from two mine adits, two boreholes and two streams. Apart from two of the smaller sources of supply which are chlorinated only, all water is filtered, pH adjusted and chlorinated before distribution.

Filling of the new 1,150,000,000 gallon impounding reservoir at Stithians commenced on the 30th April, 1965 and was completed during January, 1966. However, water from this source will not be available for distribution until July, 1967, when the treatment works will be in operation. The output capacity will be 2,900,000 g.p.d. and treatment will include flocculation, sedimentation, filtration, addition of lime and carbon dioxide to raise the temporary hardness and reduce corrosive properties of the water and final chlorination.

Construction of the 1,000,000 gallon water storage reservoir at Carnmenellis was completed during the year. Water from the Stithians treatment plant will be pumped to this reservoir for distribution by gravity to Camborne-Redruth Urban District and the high level areas of Kerrier Rural District. The main-laying contract in connection with the distribution scheme for the Kerrier section has been completed at a cost of £142,470. Approximately 52,000 yards of 10"-3" diameter pipe has been laid, but will not be brought into service until July, 1967 when the Stithians water treatment plant has been completed.

Falmouth Borough Council

Area of Supply: The Boroughs of Falmouth and Penryn, the Parish of Mylor in Truro Rural District and the Parishes of Mabe, Budock and Mawnan in Kerrier Rural District.

Average daily consumption: 1,310,000 gallons (1965 - 1,310,000)

Water is obtained from two impounding reservoirs with a combined reliable minimum yield of 2,100,000 g.p.d. All water is filtered, pH adjusted and chlorinated before distribution.

Approximately 550 yards of 15" diameter pumping main has been laid from the College pumping station at Penryn to the high level service reservoir at Kergilliack. This improvement has increased the output capacity of the existing pumps and augmented supplies in the higher areas of Falmouth.

Truro Rural District

Statutory area: 127 square miles.

Area of supply: The whole of the Truro Rural District except the Parishes of Trispen, Newlyn East, Mylor, St. Clement and St. Erme.

Average daily consumption: 1,053,000 gallons (1965 - 1,003,000)

Of the average total quantity of water supplied each day 87,341 gallons were obtained in bulk from Truro Water Company and the remainder from the ten District Council sources comprising two river intakes, four springs, three mine shafts and one mine adit. All water is chlorinated and about 85% filtered and pH adjusted before distribution.

The principal improvement schemes completed were:-

- (i) Approximately twenty-one miles of 12" - 4" diameter pipes for distributing water from Stithians Impounding Reservoir throughout the central and northern parts of the Rural District.

- (ii) Approximately 2,300 yards of 6" diameter P.V.C. pipe to provide a link main between the Stithians water distribution system at Allet and the Truro Water Company's main at Shortlanesend. This link will enable up to 200,000 g.p.d. to flow in either direction.
- (iii) Approximately 2,450 yards of 3" diameter P.V.C. pipe from an elevated storage tank at Shortlanesend to supply mains water for the first time to twenty-four properties in the village of Idless.
- (iv) Approximately 1,940 yards of 4" diameter P.V.C. pipe from Callestick to Lamborne to link the Stithians and Perranporth water distribution systems. This main also supplies nine properties in the hamlet of Penhallow.

In addition to the foregoing contracts, approximately 2,000 yards of 3" diameter pipe has been laid to serve new housing development and 429 new connections made to the Council's mains.

Truro Water Company

Statutory area: 6 square miles.

Average daily consumption: 680,000 gallons (excluding 87,000 g.p.d. supplied in bulk to Truro Rural District)

Peak Consumption (for week ending 7th August): 772,000 g.p.d.
(excluding 100,000 g.p.d. supplied in bulk to Truro Rural District.)

The Company's water sources consist of an intake on the Trevella stream supplemented by intakes on the Rivers Allen and Tresillian. The combined reliable yield from all these sources is 1,250,000 g.p.d.

All water is fully treated viz: coagulation with alumina

ferric, super chlorination, sedimentation, pressure filtration, de-chlorination with sulphur dioxide and pH adjustment to 7.8 to 8.0 by the addition of lime.

A 30,000 gallon service reservoir was installed at Tresillian to improve the water supply in the higher areas of that village. The number of new connections to the Company's main totalled 198 and disconnections fifty-seven.

North and Mid Cornwall Water Board (formed 1st April, 1966)

Statutory area: 419 square miles.

Population: 97,400

Area of supply: The Boroughs of Bodmin, Fowey and Lostwithiel, the Urban Districts of Newquay, Padstow and St. Austell; Rural Districts of Camelford, St. Austell and Wadebridge; and the Parish of Newlyn East in Truro Rural District.

Average daily consumption: 5,100,000 (1965 - 5,161,000).

The water sources in use consist of four river intakes, one of which is augmented by and impounding reservoir at Porth, two mine shafts, four small boreholes and fifteen supplies from springs and mine adits. During 1966 the Board applied for powers to construct an impounding reservoir at Crowdy Brook to increase the supply from this source and placed orders for plant to increase the output of the Restormel Treatment Works on the River Fowey by 500,000 g.p.d. 85% of the water is fully treated before distribution. About 13% is chlorinated only and 2% does not receive any treatment.

A few of the untreated sources of supply will be eliminated by mid 1967 on completion of the contract to increase the output of the De Lank treatment plant.

Expenditure on capital works during the year amounted to approximately £180,000. Schemes in progress or completed include the following:-

- (i) Extension of De Lank Works to increase the output from 1,250,000 gallons per day to 2,000,000 gallons per day. - 85% completed.
- (ii) Construction of 1,000,000 gallons service reservoir at Bodmin and the associated mains. - 80% completed.
- (iii) Roofing of existing service reservoirs at Bodmin and Wadebridge.
- (iv) Duplicate pumping mains installed from the Hendra Springs to existing service reservoirs at Hornick and St. Dennis to augment the water supply in the western part of St. Austell Rural District. - completed.
- (v) Approximately 6,000 yards of 6" main to enable the village of Boscastle to be supplied with treated water - 50% completed.
- (vi) Approximately 1,900 yards of 4" main to supply the hamlet of Trewassa. - completed.

In addition to the foregoing, mains extensions to the value of £30,000 were installed to serve new housing development and approximately 600 new connections were made to the Board's mains.

East Cornwall Water Board

Statutory area: 367 square miles.

Population: 62,000

Area of supply: The Boroughs of Liskeard, Launceston and Saltash; Urban Districts of Looe and Torpoint and Rural Districts of Launceston, St. Germans and Liskeard.

Average daily consumption: 2,600,000 gallons (1965 - 2,600,000)

Peak daily consumption (for July and August): 2,932,000 gallons

The Board's water sources comprise two stream impounding reservoirs, one spring impounding reservoir, five boreholes, one shallow well, two springs, three river or stream intakes and a group of mine adits. During the year two boreholes and a group of mine adits were abandoned and the use of a spring for industrial purposes only was discontinued. A £552,071 contract is scheduled to start in February, 1967 for the construction of a river regulating reservoir on the Siblyback Brook, a tributary of the River Fowey. This contract includes a pumping station and a 15" diameter pumping main to transfer water from the reservoir to the Bastreet treatment plant on the Withy Brook. This is the first stage of a scheme designed to increase the combined reliable yield of the Board's existing sources of supply at Bastreet and Trekievesteps to 4,500,000 g.p.d. The estimated total cost of the whole project is £1,353,000.

Water from two of the Board's sources totalling some 187,000 g.p.d. is untreated, but the remainder is chlorinated and about 70% is also filtered and pH adjusted.

The following major schemes were completed or in progress:-

- (i) Work commenced in June on a £142,000 contract for a new trunk main from the St. Cleer Headworks to the Bindown Reservoir serving Looe and the surrounding areas. This project, which forms part of the Board's general trunk main reorganisation programme, has been designed to relieve the load on the Bastreet source at present supplying the Looe and St. Germans areas. The scheme included four miles of 18" and three and a half miles of 12" diameter pipe. - 50% completed.
- (ii) Construction of a 50,000 gallon service reservoir and installation of approximately twelve miles of 6", 4" and 3" diameter pipes to supply mains water for the first time to 210 properties in twelve villages and hamlets in the Lezant area. Estimated cost £87,000 - 75% completed.

- (iii) Approximately 870 yards of 4" diameter P.V.C. pipe to supply seven properties in the hamlet of Leburnick. Estimated cost £2,450 - Completed.
- (iv) Approximately 1,700 yards of 6" diameter pipe to link the existing Bastreet - Kit Hill trunk mains with the Bray Shop - Stokeclimsland distribution system. The primary purpose of this scheme is to replace the existing unsatisfactory borehole source of supply at Bray Shop but, it will also enable twelve properties to receive mains water for the first time. Estimated cost £8,600. - Completed.
- (v) Approximately 7,000 yards of 6", 4" and 3" diameter pipe to replace inadequate and defective mains in the Kelly Bray area and also supply seventeen properties in the hamlets of Old Mill and Ireland. The scheme includes an auto-pneumatic booster to enable the area to be supplied with fully treated water from the Board's major source at Bastreet. The existing Kit Hill mine adit supply has been abandoned. Estimated cost £51,200.
- Completed.
- (vi) Approximately 1,500 yards of 9" and 700 yards of 4" diameter pipe to supply mains water for the first time to twenty-three properties in Doddycross village. The 9" diameter section of this scheme will ultimately form part of the future St. Cleer - Antony trunk main designed to become the principal water supply line to Torpoint and the Rame Peninsula. Estimated cost £13,600.-Completed.
- (vii) Approximately eight miles of 8", 6", 4" and 3" diameter pipe to improve the water supply in the Looe Urban District and eliminate waste due to defective mains.
- Completed.

- (viii) A temporary 5,000 gallon sectional steel tank, auto-pneumatic booster and 6,600 yards of 6" and 4" diameter pipe have been installed to augment the water supply in the high level areas of Polperro and also replace old and defective mains in the centre of the village. - Completed.
- (ix) Approximately 3,250 yards of 4" diameter P.V.C. and spun iron pipe from Furlanesend to the village of Cremyll. The thirty-five properties in this village were formerly served by a private supply, but the source was inadequate to meet demand and in addition the existing mains were of small diameter and badly corroded. Estimated cost £15,700. - Completed.
- (x) Approximately 4,600 yards of 10" diameter trunk main from the Kit Hill reservoir to augment by 500,000 g.p.d. the water supply in the distribution system serving the eastern part of St. Germans Rural District. Estimated cost £35,650. - Completed.
- (xi) Approximately 2,400 yards of 4" diameter pipe to reinforce the water supply in the Landulph and Cargreen areas of St. Germans Rural District. 30% Completed.

The number of new connections made to the Board's mains was 686 (634 domestic and 52 metered).

Bude-Stratton Urban District

The District Council have provisionally agreed to amalgamate their water undertakings with that of North Devon Water Board. The tentative date for this transfer is October, 1967.

Area of supply: The whole of the urban area and the Parishes of Marhamchurch and Poundstock in the Stratton Rural District.

Average daily consumption: 420,000 gallons (1965 - 410,000).

The Council's source of supply is an impounding reservoir with a net reliable yield of 570,000 g.p.d., sited on the upper reaches of the River Tamar. All water is filtered and chlorinated before distribution.

North Devon Water Board

Area of supply (in Cornwall): The whole of Stratton Rural District with the exception of Poundstock and Marhamchurch Parishes and the Parish of Boyton in Launceston Rural District.

Average daily consumption: 127,000 gallons (1965 - 113,000)

Water is obtained from river intakes at Prewley and Belstone in Devon and a borehole at St. Gennys within Stratton Rural District. Of the 127,000 g.p.d. supplied during 1966, 120,000 was taken from the Devon sources and 7,000 from the St. Gennys borehole. During the year the use of one borehole at Grimscott was discontinued although this is to be retained as a standby supply.

Consulting Engineers have been instructed to prepare a scheme for the construction of an impounding reservoir with an estimated yield of 1,700,000 g.p.d. on the River Tamar at Thurdon. This will be used to supply Bude, Stratton and the fringe areas of North West Devon; it will also relieve demand on the Board's major sources at Prewley and Belstone on Dartmoor.

All water is filtered, pH adjusted and chlorinated before distribution, whilst that from the St. Gennys borehole is also treated to remove iron.

The principal schemes completed or in progress were:-

- (i) Approximately 5,400 yards of 6" and 4" diameter pipe to link an existing trunk main at Maxworthy in Devon with one at Wilsworthy in Cornwall. The scheme forms part of the southern loop of the perimeter main for Stratton Rural District; it also serves eleven agricultural and domestic properties.
Estimated cost £14,400 - Completed.

- (ii) Approximately 10,500 yards of 4" and 3" diameter pipe to supply mains water for the first time to seventy-nine properties in the Boyton Parish of Launceston Rural District. Estimated cost £23,400.
- Completed.
- (iii) Approximately 3,000 yards of 10", 240 yards of 9" and 2,200 yards of 6" diameter trunk main from Tamarstone Bridge to Hershams Cross, with 4" diameter branches totalling 2,970 yards to the hamlets of Leigh and Prustacott. This scheme forms part of a trunk mains system for the distribution of water throughout Stratton Rural District and part of North West Devon from the proposed impounding reservoir on the River Tamar; it will also provide mains water for the first time to fourteen farms and twenty-seven other properties.
Estimated cost £32,233 - Completed.
- (iv) Approximately 4,940 yards of 10" diameter spun iron pipe from Kilkhampton to Hershams Cross as part of the future trunk water main system for Stratton Rural District and part of North West Devon. Cost £28,600. - Completed.
- (v) Approximately 2,260 yards of 3" diameter pipe to supply fourteen properties in the Shop - Crosstown - Morwenstow Church area of Morwenstow Parish. Cost £4,600. - Completed.
- (vi) Approximately 3,975 yards of 4" diameter spun iron pipe to supply eleven farms and two other properties in the Higher Exe area of Stratton Rural District. Cost £7,850. - Completed.
- (vii) Approximately 9,350 yards of 6", 4" and 3" diameter spun iron pipe from Wainhouse Corner to supply water to 156 properties in the villages and hamlets of Jacobstow, Roseacre, Higher Crackington, Crackington Haven and Old Dizzard. This scheme forms part of the Stratton Rural District comprehensive water distribution scheme.
Cost £27,300 - Completed.

Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts, 1944-61, during 1966 were as follows -

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
North Devon Water Board	Launceston Rural District - water main extension to Lower Trossell, North Petherwin	4,360	Approved
North Cornwall Water Board	Camelford Rural District - water main extensions to Camelford Station	2,236	Approved
do.	Comelfard Rural District - water main extension to Trewossa	2,470	Approved subject to conditions
do.	Padstow Urban District - water main extension to Howkers Cove	3,324	Approved
East Cornwall Water Board	St. Germans Rural District - Kit Hill Reservoir to Rylands Plantation Trunk Main	35,650	Approved
do.	Launceston Rural District - water main extension to Stoke Climsland, Tutwell and Luckett	35,000	Approved subject to conditions
West Cornwall Water Board	West Penwith Rural District - water main extension to Badgers Crass, Gulval	2,000	Approved
do.	West Penwith Rural District - water main extension to Tregender Hill, Crawlas	1,200	Approved
do.	West Penwith Rural District - water main extension to Trencrom	9,000	Approved

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
Kerrier Rural District Council	Water main extension to Trenwheal, Pengelly Cross and Gwedna	5,186	Approved
do.	Water main extension from Ponsanooth to Cosawes	660	Approved
Truro Rural District Council	Water main extension to Vale View, Ponsanooth (amended scheme)	4,455	Approved
Total	12 schemes	£105,541	

SEWERAGE AND SEWAGE DISPOSAL

The County Council's decision to make grants under Section 56 of the Local Government Act, 1958 towards the cost of providing proper sewerage and sewage disposal facilities in Boroughs and Urban Districts has had a stimulating effect and a number of Councils are preparing detailed schemes for replacing outdated and overloaded sewerage systems. It is anticipated that unless there is Government restriction on capital expenditure, work on the first of these proposals should start during the coming year.

Capital expenditure on works of sewerage and sewage disposal carried out in rural areas during 1966 is itemised in Table II on page 145 but in total twenty-four schemes estimated cost £1,151,394 were either completed or in progress at the end of the year. Table I indicates the number of schemes prepared by District Councils and submitted for the County Council's observations.

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TABLE I

Schemes of sewerage and sewage disposal submitted to the County Council during 1966:-

Local Authority	Scheme	Estimated Cost £	Action taken by the County Council
Launceston and Stratton Rural Districts	Warbstow and Canworthy Water Sewerage and Sewage Disposal	40,780	Not approved
Launceston Rural District	North Petherwin Sewerage and Sewage Disposal	19,000	Approved
Liskeard Rural District	Lerryn Sewerage and Sewage Disposal (amended scheme)	32,700	Approved
do.	Lenteglos Highway Sewerage and Sewage Disposal	11,650	District Council advised to reduce extent of the proposal
Stratton Rural District	Whitstone Sewerage and Sewage Disposal	15,378	Approved
do.	Marhamchurch Sewerage	40,570	Approved subject to conditions
St. Germans Rural District	Pillaton Sewerage and Sewage Disposal	15,360	Approved subject to conditions
Truro Rural District	Threemilestone Sewerage and Sewage Disposal	39,300	Approved subject to conditions
do.	Porthtowan and Mount Hawke Sewerage and Sewage Disposal	88,200	Approved subject to conditions

Local Authority	Scheme	Estimated Cost £	Action taken by the County Council
West Penwith Rural District	Gwithian Churchtown Sewerage and Sewage Disposal	8,600	Approved
do.	Hayle and Hayle Towans Sewerage and Sewage Disposal	172,250	Approved subject to conditions
Total	11 schemes	£483,788	

TABLE II

Grant-aided sewerage and sewage disposal contracts in progress or completed in rural areas during the year:-

Local Authority	Scheme	Estimated Cost £	Remarks
Camborne-Redruth Urban District	St. Day and Lanner Sewerage and Sewage Treatment	255,000	Completed
St. Just Urban District	Carnyorth, Botallack and Truthwall Sewerage and Sea Outfall	23,800	30% Completed
Kerrier Rural District	Lizard - Ruan Minor and Cadgwith Sewerage and Sea Outfall	195,000	In progress
Launceston Rural District	Egloskerry Sewerage and Sewage Treatment	18,450	Completed
do.	Polyphant and Lewannick Sewerage and Sewage Treatment	29,500	10% Completed

Local Authority	Scheme	Estimated Cost £	Remarks
Liskeard Rural District	Rilla Mill and Upton Cross Sewerage and Sewage Treatment	42,000	Completed
do.	St. Keyne Sewerage and Sewage Treatment	8,950	Completed
do.	Widegates Sewerage and Sewage Treatment	13,080	Completed
do.	Trewidland Sewerage and Sewage Treatment	10,990	Completed
do.	Merrymeet and Pengover Sewerage and Sewage Treatment	13,820	Completed
do.	St. Neot Sewerage and Sewage Treatment	32,000	80% Completed
do.	Mount Sewerage and Sewage Treatment	6,000	50% Completed
St. Austell Rural District	Fraddon Sewerage and Sewage Treatment	42,700	80% Completed
do.	Sewer Extension to Gorran School	2,000	Completed
St. Germans District	Chilsworthy Sewerage and Sewage Treatment	27,350	Completed
do.	Sewer Extension to Rising Sun, Harrowbarrow	5,762	Completed
Stratton Rural District	Widemouth Bay Sewerage and Sewage Treatment	47,500	Completed
do.	Marhamchurch Sewerage and Sewage Treatment	40,570	In Progress

Local Authority	Scheme	Estimated Cost £	Remarks
Truro Rural District	Carnon Downs Sewerage and Sewage Treatment	65,672	Completed
do.	St. Agnes: Sewer Extension to Trevaunance Road and Rocky Lane	3,800	Completed
do.	Roseland Terrace, Zelah, Sewerage and Sewage Treatment	2,000	Completed
Wadebridge Rural District	St. Merryn Sewerage and Sea Outfall	204,300	Stage 1 and Part of Stage 2 90% Completed
do.	St. Issey and Little Petherick Sewerage and Sewage Treatment	56,000	85% Completed
West Penwith Rural District	Newbridge Sewerage and Sewage Treatment	5,150	Completed
Total	24 Schemes	£1,151,394	

MINISTRY OF HOUSING AND LOCAL GOVERNMENT

INQUIRIES

The following proposed schemes of sewerage and sewage disposal were investigated by Engineering Inspectors of the Ministry of Housing and Local Government: the County Public Health Officer attended these Inquiries and gave evidence on behalf of the County Council.

Camelford Rural District: Delabole (Sewage Disposal Works Re-construction).

Kerrier Rural District: Stithians and Ponsanooth

Launceston Rural District: Lewannick and Polyphant

St. Ives Borough: Lelant

Stratton Rural District: Whitstone

Wadebridge Rural District: Blisland

REFUSE DISPOSAL

Each of the thirty District Councils in Cornwall dispose of domestic and trade refuse by tipping it on to land or into disused quarries. One local authority carries out some incineration prior to tipping.

The total number of refuse tips in operation in the County at the end of the year was forty-seven; of these twenty-six are properly controlled in accordance with Ministry recommendations, whilst the remainder are operated by methods varying from partially controlled to crude dumping.

The policy of the County Council as Planning Authority is to refuse applications for new refuse disposal sites unless controlled tipping in accordance with the Minister's recommendations can be carried out. The appropriate public health conditions are then attached to the planning consent.

The number of tips and methods of disposal employed by the District Councils are summarised below:-

	12	8	10	Total
	Boroughs	Urban Districts	Rural Districts	All Districts
Number of Tips				
Controlled Tipping according to Ministry recommendations	9	6	11	26
Partially Controlled Tipping	-	-	5	5
Uncontrolled Tipping	2	2	11	15
Incineration combined with Uncontrolled Tipping	-	1	-	1

MEAT INSPECTION

Post-mortem examination of animals slaughtered for human consumption is the responsibility of District Councils and the statistical information given in the table on page 150 has been made available by courtesy of the District Medical Officers and Public Health Inspectors of the nineteen local authorities in Cornwall who have slaughter-houses within their areas.

The number of cattle, sheep and pigs killed during the year totalled 686,591 and of these all but 13,200 were subjected to a post-mortem examination by Public Health Inspectors or Veterinary Officers employed by the District Councils. Of the 673,391 animals examined 2,788 were so diseased as to warrant condemnation of the whole carcase.

The following table is a summary of the statistical information for the year ended 31st December, 1966, submitted to the Ministry of Agriculture, Fisheries and Food by local authorities in Cornwall.

	CATTLE			SHEEP and LAMBS	PIGS
	CATTLE (excl. Cows)	COWS	CALVES		
Number killed	31,518	16,707	31,824	296,866	309,676
Number inspected . .	31,516	16,707	31,824	288,432	304,912
All diseases except cysticercosis and tuberculosis					
a) Whole carcase condemned	53	255	216	1,458	796
b) Carcase of which some part or organ was condemned . .	10,029	4,191	161	32,512	20,891
Tuberculosis only . . .					
a) Whole carcase condemned	-	2	-	-	4
b) Carcase of which some part or organ was condemned . . .	104	129	-	-	4,083
Cysticercosis only . . .					
a) Whole carcase condemned	2	2	-	-	-
b) Carcase of which some part or organ was condemned . . .	219	93	-	89	-
Gross weight of meat condemned	262 tons. 14 cwts. 1 qr. 3lbs.				

This figure is incomplete, as three of the nineteen district councils who undertake inspection of meat at slaughter houses did not record the weight of meat condemned.

HOUSING

More new houses and flats were built in Cornwall during 1966 than in any other post-war year. District Councils completed 485 dwellings and private enterprise and other public authorities 2,265, bringing the grand total for the year to 2,747, an increase of thirty-nine over the corresponding figure for 1965. In addition to houses completed a further 3,112 were in course of construction at the end of December; this is a substantial improvement on the 1965 total of 2,512 and augurs well for the coming year.

During the year 253 dwellings were considered to be unfit for human habitation and were demolished or closed as a result of action taken by local authorities.

Statistical information on the number of new houses built and unfit houses demolished in each local Authority area is given in the tables on pages 153/5

Housing (Financial Provisions) Act, 1958 - County Council Contributions

Where an exchequer contribution of the special standard amount is made by the Ministry of Housing and Local Government to District Councils, principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution.

These contributions are payable for a period of 60 years at varying rates of £1; £1.10s.0d; or £2.10s.0d per house according to the date when the schemes are approved by the Ministry. In 1966 the County Council paid £1,496 to eighteen District Councils as follows:-

<u>Boroughs</u>	£.	s.	d.
Helston	24.	0.	0.
Liskeard	3.	0.	0.
Penryn	12.	0.	0.
Penzance	60.	0.	0.
Saltash	4.	10.	0.

Urban Districts

Bude-Stratton	10.	0.	0.
Padstow	6.	0.	0.
St. Austell	24.	0.	0.

Rural Districts

Camelford	89.	0.	0.
Kerrier	191.	10.	0.
Launceston	89.	10.	0.
Liskeard	155.	10.	0.
St. Austell	61.	10.	0.
St. Germans	167.	10.	0.
Stratton	154.	10.	0.
Truro	202.	0.	0.
Wadebridge	81.	0.	0.
West Penwith	160.	10.	0.

HOUSING ACTS, 1957-1959

BOROUGH	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
1. Estimated population	7,220	17,370	2,350	8,460	4,570	4,700	1,910	4,950	18,910	8,780	8,270	14,340	101,830
2. Total number of houses completed since 1945 -													
(a) by local authority	486	732	124	535	270	417	50	343	873	379	366	1,025	5,600
(b) by other public authorities and private enterprise	567	820	102	563	235	185	26	248	581	527	675	686	5,215
3. New houses completed during 1966 -													
(a) by local authority	62	-	15	36	27	-	-	29	7	-	2	42	220
(b) by other public authorities	2	-	-	36	-	-	-	-	-	-	-	4	42
(c) by private enterprise	66	65	35	71	43	20	6	23	46	53	57	73	558
4. Number of houses under construction at 31.12.66. -													
(a) by local authority	8	-	29	-	-	35	-	-	4	-	94	12	182
(b) by other public authorities	2	-	-	179	1	-	-	-	17	-	-	-	199
(c) by private enterprise	26	58	21	111	21	15	4	21	69	58	48	164	616
5. Number of unfit houses demolished or closed during 1966 -													
	19	2	3	9	1	-	-	10	24	1	15	32	116

8
Urban Districts
Total

1.	Estimated population	5,200	37,200	4,010	12,030	2,650	26,270	3,520	6,520	97,400
2.	Total number of houses completed since 1945 -									
	(a) by local authority	166	1,274	132	510	108	1,392	76	358	4,016
	(b) by other public authorities and private enterprise	263	1,583	468	1,109	143	1,667	28	218	5,479
3.	New houses completed during 1966 -									
	(a) by local authority	-	28	-	13	-	59	-	-	100
	(b) by other public authorities	-	8	-	-	-	-	-	-	8
	(c) by private enterprise	47	308	33	96	36	291	6	24	841
4.	Number of houses under construction at 31.12.66. -									
	(a) by local authority	-	17	12	71	-	40	-	44	184
	(b) by other public authorities	4	5	-	-	-	-	-	-	9
	(c) by private enterprise	37	397	19	82	11	255	3	18	822
5.	Number of unfit houses demolished or closed during 1966 -	-	28	-	-	-	26	-	-	54

HOUSING ACTS, 1957-1959

RURAL DISTRICTS	WEST PENNWITH									
	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMAN'S	STRATTON	TRURO	WADEBRIDGE	10 Rural Districts Total
1. Estimated population	6,940	22,820	7,020	13,430	22,070	14,570	4,770	28,300	14,750	152,190
2. Total number of houses completed since 1945 -										
(a) by local authority	244	644	119	491	627	533	177	938	527	4,987
(b) by other public authorities and private enterprise	175	1,131	126	452	613	545	177	1,601	548	6,050
3. New houses completed during 1966 -										
(a) by local authority	16	5	12	35	11	4	-	37	12	163
(b) by other public authorities	-	4	-	-	-	-	-	-	-	5
(c) by private enterprise	14	190	10	103	67	74	13	196	45	810
4. Number of houses under construction at 31.12.66 -										
(a) by local authority	28	16	16	8	-	-	-	46	48	251
(b) by other public authorities	-	-	-	-	-	-	-	-	-	-
(c) by private enterprise	18	59	24	83	120	73	10	275	65	849
5. Number of unfit houses demolished or closed during 1966 -	-	24	-	5	3	9	4	13	13	83

Area in Acres	County District	mated Home Population 1965	Legiti- mate				Illegiti- mate				Rate	District Compara- bility Factor	Under 1 Year				Rate per 1,000 live births	Males	Females	Total	Rate	District Compara- bility Factor
			Legiti- mate										Illegiti- mate									
			Males	Females	Males	Females	Males	Females	Males	Females			Males	Females	Total							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20			
3,312	Bodmin	7,220	65	57	5	3	130	18.01	1.14	2	1	-	1	7.69	70	99	169	23.41	0.45			
4,296	Bude Strathan	5,200	33	33	4	1	71	13.65	1.25	1	1	1	2	28.17	55	52	107	20.58	0.65			
22,062	Camborne- Redruth	37,200	257	301	18	17	593	15.94	1.06	18	6	1	7	11.80	263	261	524	14.18	0.87			
1,880	Falmouth	17,370	131	114	9	10	264	15.20	1.15	3	3	1	4	15.15	149	129	278	16.01	0.81			
2,979	Fowey	2,350	11	10	4	-	25	10.65	1.28	-	-	-	-	-	19	18	37	15.75	0.73			
4,014	Helston	8,460	93	110	4	3	210	24.82	0.83	1	4	-	4	19.05	61	53	114	13.48	0.76			
2,180	Lancreston	4,570	28	24	1	5	58	12.69	1.09	2	-	-	-	-	44	36	80	17.51	0.59			
2,704	Liskeard	4,700	31	39	4	-	74	15.74	1.20	-	2	-	2	27.03	63	57	120	25.53	0.49			
1,691	Looe	4,010	19	22	6	1	48	11.97	1.26	-	-	-	-	-	28	32	60	14.96	0.70			
3,156	Lostwithiel	1,910	21	15	1	1	38	19.89	1.18	1	1	-	1	26.32	24	12	36	18.85	0.72			
4,599	Newquay	12,030	89	75	7	7	178	14.80	1.13	4	-	1	1	5.62	85	71	156	17.46	0.72			
3,343	Padstow	2,650	17	28	1	3	49	18.49	1.09	-	-	1	1	20.41	17	21	38	14.34	0.85			
829	Penryn	4,950	32	44	2	7	85	17.17	1.02	2	-	2	2	23.53	23	25	48	9.69	1.13			
3,155	Penzance	18,910	140	122	13	13	288	15.23	1.14	5	1	1	2	6.94	154	124	278	14.70	0.81			
18,379	St. Austell	26,270	196	214	8	17	435	16.56	1.12	9	4	3	7	16.09	211	222	433	16.58	0.70			
4,287	St. Ives	8,780	58	42	9	5	114	12.98	1.20	4	-	-	-	-	63	95	158	17.99	0.59			
7,634	St. Just	3,520	17	30	1	5	53	15.06	1.11	4	-	-	-	-	23	40	63	17.89	0.81			
5,386	Saltash	8,270	84	87	4	5	180	21.77	1.10	2	3	1	4	22.22	56	50	106	12.82	0.81			
988	Tarpoint	6,520	46	46	2	1	95	14.57	1.53	1	1	-	1	10.53	33	24	57	8.74	1.39			
2,634	Truro City	14,340	90	84	7	10	191	13.32	1.03	3	4	2	6	31.41	94	88	182	12.69	0.90			
99,508	Totals	199,230	1458	1497	110	114	3,179	15.96	1.11	62	31	14	45	14.16	1535	1509	3044	15.28	0.76			
52,544	Camelford	6,940	37	58	3	2	100	14.41	1.24	-	-	-	-	-	56	39	95	13.69	0.70			
90,839	Kerrier	22,820	158	160	8	9	335	14.68	1.09	7	1	1	2	5.97	148	122	270	11.83	0.94			
85,122	Lancreston	6,760	41	36	2	3	82	12.13	1.10	2	-	3	3	36.59	45	44	89	13.17	0.94			
104,803	Liskeard	13,430	95	76	8	8	187	13.92	1.20	3	1	4	5	26.74	66	69	135	10.05	0.85			
82,389	St. Austell	22,070	165	155	14	12	346	15.68	1.07	14	3	5	8	23.12	119	127	246	11.16	0.99			
48,533	St. Germans	14,570	101	88	5	2	196	13.45	1.25	3	2	-	2	10.20	119	94	213	14.55	0.82			
56,220	Straton	4,770	32	27	3	2	64	13.42	1.25	1	-	-	-	-	34	24	58	12.16	0.89			
108,316	Truro	28,300	211	188	17	17	433	15.30	1.18	5	5	3	8	18.48	209	216	425	15.02	0.81			
88,230	Wadebridge	14,750	110	103	1	3	217	14.71	1.11	4	1	-	1	4.61	89	91	180	12.20	0.94			
59,792	W. Penwith	17,520	125	111	2	7	245	13.98	1.15	6	3	-	3	12.24	127	140	267	15.27	0.78			
776,788	Totals	151,930	1075	1002	63	65	2205	14.51	1.14	45	16	16	32	14.51	1012	966	1978	13.02	0.86			
876,296	Whole County	351,160	2533	2499	173	179	5384	15.33	1.13	107	47	30	77	14.3	2547	2475	5022	14.30	0.80			
4,041	Isles of Scilly	1,940	12	16	2	1	31	15.98	0.92	1	1	-	1	32.26	13	13	26	13.40	1.14			

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.

TABLE II
Estimated Population and Total Number of Births and Deaths in Cornwall (excluding the Isles of Scilly) during Recent Years

Year	Estimated Population	LIVE BIRTHS						Stillbirths	DEATHS								
		Legitimate			Illegitimate				Under 1 Year			All ages					
		Males	Females	Total	Males	Females	Total		Rate	Males	Females	Total	Rate per 1,000 live births	Males	Females	Total	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1900	320,420	3957	3842	•	•	7799	24.3	+	•	•	985	126.3	2498	2773	5271	16.5	
1910	320,613	3434	3288	•	•	6722	21.0	+	•	•	575	85.5	2298	2308	4606	14.4	
1920	(a)317,970	3403	3240	190	158	6991	22.0	+	249	167	416	59.5	1978	2215	4193	13.2	
1930	(a)318,028	2280	2096	123	123	4622	14.8	225	137	100	237	51.3	1985	2284	4269	13.7	
1940	(b)312,807																
1940	329,138	2127	1945	100	96	4268	13.0	163	116	90	206	48.3	2357	2567	4924	15.0	
1947	324,185	(a)2215	2125	161	132	4633	12.5	183	159	108	267	52.5	2465	2721	5186	14.0	
1948	329,828	2899	2746	206	163	6014	18.6	177	136	77	213	34.9	2286	2449	4735	14.6	
1949	(d)330,247	2601	2465	172	137	5375	16.3	136	117	69	186	34.6	2095	2169	4264	12.9	
1949	(e)339,077	2434	2374	142	147	5097	15.4	130	99	65	164	32.2	2242	2416	4658	14.1	
1950	(e)339,999	2333	2236	124	126	4819	14.2	125	79	66	145	29.2	2254	2418	4672	13.8	
1951	(e)339,800	2306	2321	129	109	4865	14.3	114	98	65	163	33.0	2370	2493	4863	14.3	
1952	(e)341,861	2379	2282	116	100	4877	14.3	115	84	65	149	30.6	2105	2271	4376	12.5	
1953	(e)341,463	2306	2218	94	134	4752	14.0	118	77	51	128	27.0	2193	2322	4515	13.2	
1954	(e)341,350	2420	2198	100	101	4819	14.1	158	67	33	100	20.8	2308	2209	4517	13.2	
1955	(e)339,760	2108	2108	113	89	4418	13.0	129	76	42	118	26.7	2304	2370	4674	13.8	
1956	(e)338,760	2298	2231	115	107	4751	14.0	132	55	55	110	23.2	2292	2337	4629	13.7	
1957	(e)338,770	2350	2225	94	100	4769	14.1	149	66	52	118	24.7	2217	2287	4504	13.3	
1958	(e)337,380	2469	2205	107	89	4870	14.4	126	62	32	94	19.3	2312	2318	4630	13.7	
1959	(e)337,580	2400	2155	80	99	4734	14.0	126	49	32	81	16.9	2196	2332	4528	13.4	
1960	(e)337,110	2440	2303	116	90	4949	14.7	99	55	32	87	17.6	2306	2300	4606	13.7	
1961	(e)333,700	2404	2239	135	124	4902	14.6	123	70	37	107	21.8	2337	2432	4769	14.2	
1962	(e)339,110	2506	2400	148	152	5206	15.4	123	62	43	105	20.1	2393	2459	4852	14.3	
1963	(e)341,110	2534	2330	150	123	5137	15.1	116	56	42	98	19.1	2615	2558	5173	15.2	
1964	(e)344,880	2659	2473	147	172	5451	15.8	111	65	46	111	20.4	2389	2361	4750	13.8	
1965	(e)347,150	2561	2486	192	162	5401	15.6	99	62	38	100	18.5	2429	2526	4955	14.3	
1966	(e)351,160	2533	2499	173	179	5384	15.3	108	47	30	77	14.3	2547	2475	5022	14.3	

* not distinguished
 • not available
 (a) for birth rate
 (b) for death rate
 (c) for infant and maternal mortality rates
 (d) civilian population for birth and death rates

COUNTY DISTRICTS		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal Infection	Acute Polio-myelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Totals
Urban																
Badmin		-	5	-	19	-	-	-	-	-	-	-	-	-	-	24
Bude-Stratton		-	-	-	10	-	-	-	-	1	-	-	-	-	-	11
Camborne-Redruth		8	13	-	96	23	-	-	-	-	-	1	-	2	-	143
Falmouth		2	6	-	79	3	-	-	-	1	1	-	-	1	-	93
Fowey		-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Helstan		-	1	-	66	-	-	-	-	-	1	-	-	-	-	68
Louceston		-	7	-	8	-	-	-	-	1	1	-	-	1	-	18
Liskeard		-	2	-	5	6	-	-	-	-	-	-	-	-	-	13
Looe		-	2	-	2	-	-	-	-	-	4	-	-	-	-	4
Lostwithiel		-	1	-	8	-	-	-	-	-	-	-	-	-	-	9
Newquay		-	1	-	215	-	-	-	-	39	-	-	-	-	-	255
Podstow		-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Penryn		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Penzance		2	2	-	282	-	-	-	-	-	-	-	-	-	-	286
St. Austell		1	8	-	27	-	-	-	-	-	3	-	-	-	-	39
St. Ives		5	2	-	106	-	-	-	-	-	-	-	-	1	-	114
St. Just		-	-	-	95	-	-	-	-	-	-	-	-	-	-	95
Saltash		-	2	-	14	10	-	-	-	-	-	-	-	8	-	34
Torpoint		1	-	-	-	8	-	-	-	-	-	-	-	-	1	10
Truro City		-	1	-	15	-	-	-	-	2	-	-	-	-	-	18
Totals		19	53	-	1049	50	-	-	-	44	6	1	-	13	1	1236
Rural																
Camelford		1	-	-	90	-	-	-	-	-	-	-	-	-	-	91
Kerrier		1	4	-	50	1	-	-	-	3	-	-	-	-	-	59
Launceston		-	13	-	64	-	-	-	-	2	-	-	-	-	-	79
Liskeard		-	5	-	136	7	-	-	-	-	-	-	-	-	-	148
St. Austell		1	5	-	171	1	-	-	-	5	-	-	1	-	-	184
St. Germans		-	11	-	136	15	-	-	-	16	-	-	-	-	-	178
Stratton		1	3	-	34	-	-	-	-	-	-	-	-	-	-	38
Truro		3	40	-	261	4	-	-	-	4	2	-	-	-	-	314
Wadebridge		-	1	-	106	-	-	-	2	-	-	-	-	-	-	109
West Penwith		1	6	-	159	5	-	-	-	-	-	-	-	-	-	171
Totals		8	88	-	1207	33	-	-	2	30	2	-	1	-	-	1371
Whole County		27	141	-	2256	83	-	-	2	74	8	1	1	13	1	2607

TABLE IV
NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED IN RECENT
YEARS

Infectious Disease	1957	1958	1959	1960	1961	1962	1963	1964	1965
Scarlet Fever	83	68	190	167	98	49	50	27	36
Whooping Cough	1234	142	92	192	369	171	120	96	293
Diphtheria	3	1	-	-	-	-	-	-	-
Measles	2846	2593	2462	360	6689	1514	4482	1489	2791
Pneumonia	189	149	127	86	121	98	118	92	84
Meningococcal Infection	3	1	9	3	3	9	4	6	2
Acute Poliomyelitis	24	14	13	7	-	3	-	-	-
Acute Encephalitis	1	4	2	4	5	2	4	2	1
Dysentery	7	37	35	35	39	32	34	73	745
Ophthalmia Neonatorum	1	2	1	2	-	4	1	2	3
Puerperal Pyrexia	146	106	83	79	68	81	62	38	33
Paratyphoid Fevers	1	1	2	1	-	-	1	1	-
Typhoid Fever (excluding Paratyphoid)	1	2	1	-	-	-	1	-	1
Food Poisoning	35	40	51	36	21	27	6	9	6
Erysipelas	19	25	16	26	18	15	23	12	12
Malaria	-	1	-	-	1	1	-	-	-
*Acute Rheumatism	3	1	4	2	1	3	1	3	4
TOTALS	4596	3187	3088	1000	7433	2009	4907	1850	4011

* In persons under 16 years of age (notifiable from 1.10.50)

All ages	0 -		1 -		5 -		15 -		25 -		35 -		45 -		55 -		65 -		75 -		Totals		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis respiratory	12	-	-	-	-	-	-	-	-	-	1	-	-	-	5	1	4	-	1	-	11	1	
2. Tuberculosis, other	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	3	-	
3. Syphilitic disease	10	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	3	-	1	3	6	4	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases	13	-	-	-	-	-	-	-	1	-	1	-	-	1	-	2	2	2	2	2	4	9	
10. Malignant neoplasm : stomach	113	-	-	-	-	-	-	-	-	-	1	-	2	1	10	6	33	12	20	28	66	47	
11. - do - lung bronchus	172	-	-	-	-	-	-	-	-	-	4	1	9	-	51	12	53	12	24	6	141	31	
12. - do - breast	66	-	-	-	-	-	-	-	-	-	-	4	-	12	-	16	-	15	-	19	-	66	
13. - do - uterus	40	-	-	-	-	-	-	-	-	-	-	3	-	8	-	10	-	11	-	8	-	40	
14. Other malignant and lymphatic neoplasms	514	-	-	-	1	4	-	4	1	9	15	-	15	29	58	56	91	70	82	78	264	250	
15. Leukaemia, aleukaemia	29	-	1	2	-	-	1	1	-	-	2	-	1	1	2	4	2	5	3	4	9	20	
16. Diabetes	50	-	-	-	-	-	-	-	-	-	1	-	-	1	4	3	10	5	10	16	25	25	
17. Vascular lesions of nervous system	799	1	-	-	-	-	-	-	-	-	2	1	11	9	39	27	111	106	168	324	332	467	
18. Coronary disease, Angina	910	-	-	-	-	-	-	2	-	-	14	-	47	9	144	34	205	102	169	184	581	329	
19. Hypertension with heart disease	113	-	-	-	-	-	-	-	-	-	-	-	1	2	8	5	12	22	25	38	46	67	
20. Other heart disease	906	-	-	-	-	-	1	1	2	2	3	-	19	1	28	20	84	107	226	412	361	545	
21. Other circulatory disease	203	-	-	-	-	-	1	1	-	1	-	-	3	2	19	9	30	21	45	71	100	103	
22. Influenza	39	-	-	-	-	-	-	-	-	-	1	-	-	-	2	3	2	6	8	17	12	27	
23. Pneumonia	198	4	1	4	1	-	-	-	-	-	4	-	2	1	8	5	25	19	48	76	92	106	
24. Bronchitis	135	-	-	1	-	-	-	-	-	-	-	-	2	1	21	5	45	5	41	14	109	26	
25. Other disease of respiratory system	49	-	-	-	-	1	-	-	-	-	1	1	1	1	7	1	15	2	17	2	41	8	
26. Ulcer of stomach and duodenum	34	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	11	2	11	5	27	7	
27. Gastritis, enteritis and diarrhoea	20	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	4	4	2	7	8	12	
28. Nephritis and nephrosis	31	-	-	-	-	-	2	1	1	-	-	-	-	3	4	3	6	4	2	4	16	15	
29. Hyperplasia of prostate	31	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	10	-	19	-	31	-	
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
31. Congenital malformations	30	9	6	-	-	1	1	1	-	-	2	-	1	2	-	3	1	-	-	-	13	17	
32. Other defined and ill-defined diseases	334	31	18	-	4	2	2	4	1	3	1	1	12	9	18	22	33	33	48	83	149	185	
33. Motor vehicle accidents	42	-	1	-	4	1	10	1	1	-	1	-	6	2	6	3	-	2	3	1	32	10	
34. All other accidents	110	3	4	2	1	3	-	6	2	6	1	9	3	6	3	2	4	8	13	30	54	56	
35. Suicide	40	-	-	-	-	-	-	2	-	-	2	3	-	2	3	12	2	7	5	-	30	10	
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTALS	5,048	48	30	3	12	12	6	31	7	20	8	54	52	138	103	458	256	803	579	993	1435	2560	2488

*Including 26 deaths in the Isles of Scilly.

1. The first part of the paper discusses the importance of maintaining accurate records of all transactions. This is essential for the proper management of the company's finances and for ensuring that all parties involved are kept up to date on the current status of the business.

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